Ministry of Health
Medical Services Branch

Annual Statistical Report for 2013-14

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Preface

This fiscal year 2013-14 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Highlights

Medical Services Plan

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of physician, optometrist, and dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives.

Payments by the Plan under its program areas (excluding administration costs) totalled $814.7 million in 2013-14 (see page 5), an increase of $57.9 million or 7.7 per cent over 2012-13.

- **Benefits paid for insured services** – provided by physicians, optometrists, and dentists – amounted to $590.2 million, an increase of 0.3 per cent on a per capita basis (Table 8) from the previous year. Over the last five years the cost of these benefits has grown on average by 4.6% per year.

	2012-13 (000's)	2013-14 (000's)	Per Capita Change
Physicians	$562,904	$580,918	0.3 %
Optometrists	$7,306	$7,538	0.3 %
Dentists	$1,732	$1,694	(5.0 %)
Total	$571,943	$590,150	0.3 %

- **Number of insured services** – provided by physicians, optometrists, and dentists – totaled 12.0 million services, a decrease of 0.6 per cent on a per capita basis (Table 7) from the previous year. Over the last five years the number of services has grown on average by 1.1 per cent per year.

	2012-13 (000's)	2013-14 (000's)	Per Capita Change
Physicians	11,596	11,858	(0.6 %)
Optometrists	150	155	0.0 %
Dentists	18	16	(14.1 %)
Total	11,765	12,029	(0.6 %)

- **Out-of-Province:** Payments for Saskatchewan beneficiaries receiving services (physician and hospital) outside of Saskatchewan totalled $119 million (Table 11 & 13a) down 0.6 per cent from the previous year. Over the last five years, expenditure on out-of-province hospital and physician services has increased on average by 2.2 per cent per year.
- **Cost of non-Saskatchewan beneficiaries receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and Out of Canada Beneficiaries) totalled $44.0 million (Table 12 & 14a) down 0.7 per cent. Over the past five years, hospital and physician costs for non-Saskatchewan beneficiaries has increased on average by 6.3 per cent per year.
- **Cost of services outside Canada for patients with prior approvals** totaled $3.6M, an increase of 49.4 per cent from the previous year.

	2012-13	2013-14
Patients	66	51
Practitioner Costs	$781,953	$1,044,896
Hospital Costs	$1,621,267	$2,544,874
Total Costs	$2,403,220	$3,589,770

Note: the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.

Physician Remuneration

- Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled $480.5 million in 2013-14 (see page 6), an increase of 1.9 per cent from 2012-13.
- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2013-14, this sector accounted for $354.1 million, 38.2 per cent of Saskatchewan Ministry of Health's total in-province physician services expenditures. The majority of non-fee-for-service expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).
- Average payments to active physicians vary by specialty (Table 25):

General Practitioners	$281,400
Specialists	$426,700
All Physicians	$347,800

(see "Active" definition - page 12)

- Bursaries are awarded and tracked by the Physician Recruitment Agency of Saskatchewan (saskdocs). In 2013-14 saskdocs spent $3.8 million on 131 new and 143 continuing bursaries and grants.

Physician Supply

- **Licensed physicians:** (see "Licensed" definition - page 12) The number of licensed physicians on March 31, 2014 was 2,165, an increase of 5.9 per cent from the previous year. Over the past five years, the number of licensed physicians has grown on average by 3.6 per cent per year.

- **Active physicians:** The number increased on March 31, 2014 to 1,584, an increase of 4.7 per cent from the previous year. Over the past five years, the number of active physicians has increased on average by 3.6 per cent per year.
- The number of **active rural general practitioners (GP)** has grown to 232 at March 2014, an increase of 27 or 13.2 per cent from the previous year. Since March 2008 the number of active rural GPs has increased on average by 1.1 per cent per year.
- The number of **active GPs in metro areas** (Regina and Saskatoon) has grown to 424, an increase of 3 or 0.7 per cent from the previous year. Since March 2008 the number of active metro GPs has increased on average by 2.3 per cent per year.
- The number of **active GPs in other urban areas** has grown to 204, an increase of 18 or 9.7 per cent from the previous year. Since March 2008 the number of active urban GPs has increased on average by 4.0 per cent per year.
- The number of **active specialists** has grown to 724, an increase of 23 or 3.3 per cent from the previous year. Since March 2008 the number of Specialist has increased on average by 4.6 per cent per year.
- **Turnover:** Each year physicians relocate to and from Saskatchewan. Turnover is defined as the percentage difference of physicians practising in the previous two 4th quarters compared to physicians practising in the 4th quarter of the previous year. Turnover for all physicians has increased by 2.7 per cent from the previous year (Table 18).

	2012-13 Turnover	2013-14 Turnover
Rural GPs	17.5	15.3
Metro GPs	7.2	8.0
Urban GPs	3.4	12.6
All Physicians (incl. Specialists)	7.5	10.2

- Physician supply is affected by a number of initiatives and programs supported within the Medical Services Plan including the Saskatchewan International Physician Practice Assessment (SIPPA) program and an increase in the retention rate of University of Saskatchewan (U of S) family physicians. See Appendix for more information on recruitment and retention initiatives.

Educational Programs

- The Medical Services Branch supports the Medical Education System at the College of Medicine with funding of $59.4 million in 2013-14 (see page 5). The Medical Education System covers the following areas:
  - academic and clinical services provided by faculty;
  - undergraduate medical students stipends, post-graduate training (including international medical graduates (IMGs), and re-entry training; and
  - 418 post-graduate medical resident positions, including distributed post graduate medical education to Prince Albert, Swift Current, La Ronge, Regina, and North Battleford. (see Table 33).

Medical Services Branch 2013-14 Expenditures

Medical Services Plan	Payments	Per Cent of Total
In-Province		
Physicians – Fee-for-Service[1]	$488,651,587	59.7
Physicians – Non-FFS		
- Alternate Payments	$5,389,661	0.7
- Physician Stabilization	$18,013,452	2.2
- Northern Health, Student Health & Community Clinics[2]	$19,338,227	2.4
Optometrists	$6,855,875	0.8
Dentists	$1,677,405	0.2
Sub-total In-Province	**$539,926,206**	**66.0**
Out-Of-Province (including Hospital)	$119,064,040	14.5
Saskatchewan Medical Association Programs[3]	$96,146,770	11.7
Medical Education System	$59,402,439	7.3
Dental Residency Grant	$144,000	0.0
Administration	$3,932,173	0.5
Total Expenditures	**$818,615,628**	**100.0**

[1] Includes Emergency Rural Coverage Program payments processed through the Claims System.
[2] These expenditures include payments to physicians only.
[3] Includes Specialist Emergency Coverage Program payments, Family Physician Comprehensive Care Program, General Practitioner Specialist Program and Quality Initiative Program.

Notes:

1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of optometric Supplementary Health Program claims.
2) MSP Out-Of-Province payments include physician, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2013-14

		Expenditures
Physician Services		
Fee-For-Service (FFS) (excluding ERCP)		480,522,095
Rural Emergency Coverage Programs (FFS Portion)		8,129,492
Specialist Emergency Coverage Programs (SECP)		30,720,974
	[1,2]Student Health Centre	747,903
	Alternate Payments - MSB Non-FFS	5,389,661
	[1,2]Community Clinics	8,769,055
	[1,2]Northern Health Contract Physicians	9,821,269
	Physician Stabilization	18,013,452
	[1,2]Saskatchewan Cancer Agency	26,299,000
	Alternate Payments - RHA Operating	35,204,192
	[1,2]Alternate Payments - Primary Health Services Sites	38,197,626
	Clinical Services Fund (College of Medicine)	53,730,000
	Medical Remuneration	157,940,119
Non-fee-for-service (Non-FFS)		354,112,277
	Sub-Total: Payments for Physician Services	**873,484,838**
Programs and Bursaries		
	Saskatchewan Health Re-entry Training	714
	Practice Enhancement Program	75,000
	Specialist Physician Enhancement Training Bursary	135,208
	Rural Practice Enhancement Training	137,500
	Medical Residency Bursaries	450,000
	Chronic Disease Management - Quality Improvement Program	564,940
	Parental Leave Program	700,000
	General Practitioner Specialist	874,879
	Quality Initiative Program	892,163
	Specialist Practice Establishment Grant	945,000
	Rural Practice Establishment Grants	975,000
	Specialist Resident Bursary Program	1,012,500
	Rural and Remote Incentives	1,484,792
	Supernumerary IMG Training Seats	2,117,292
	Canadian Medical Protective Agency (CMPA) Funding	6,927,000
	Physician Retention Fund	7,200,000
	Continuing Medical Education Program	7,900,000
	Electronic Medical Records Program	8,400,000
	Family Physician Comprehensive Care Program and Metro On Call	12,491,886
	Sub-Total: Programs and Bursaries	**53,283,874**
	Grand Total Expenditures	**926,768,712**

[1] Expenditures in these areas are managed by other Branches of the Ministry of Health.
[2] These expenditures include payments to physicians only.

Note: Ministry funding for physician services may not equal physician expenditures by RHAs.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of physician, optometrist, and dental services.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces and inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services includes:

- out-of-hospital x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50 years of age and older are available and funded through the provincial Screening Program for Breast Cancer;
- an approved list of office-based laboratory services provided by a physician other than a pathologist; and,
- other diagnostic services provided by a physician.

Preventive Medical Services includes:

- Immunization services where not available through any government or regional health authority;
- examination and report for adoptions for both child and parents;
- examination and report for persons becoming foster parents; and,
- a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry by optometrists is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program; and,
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and,
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, is also insured.

Dental Services

Services in connection with maxillofacial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required to provide:

- heart surgery;
- services for chronic renal disease;
- head and neck cancer services; and,
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

- tumours – including benign and malignant; and,
- congenital – including cleft palate and metabolic.

The referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

Chiropractic Services

Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are insured for a maximum of 12 chiropractic services per year. The Medical Services Branch pays for chiropractic x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province within Canada.

Physician Services

Services provided by physicians in other provinces except Quebec, are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for publicly funded physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health.

Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement between provincial public health plans. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Services Act*;
- the cost of travel, accommodation and meals;
- advice by telephone except when provided by physicians to allied health personnel;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings/ requirements, vehicle seatbelt exemptions or at the request of a third party;
- autopsy;
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- services provided by chiropractor – coverage is limited to those beneficiaries covered under the Supplementary Health Program, Family Health, or Seniors Income Plan;
- dentistry, except as described under Insured Services - Dental Services;
- drugs and dressings;
- appliances (e.g. eyeglasses, artificial limbs);
- routine eye examinations by physicians – coverage is limited to those beneficiaries who would be covered under the optometric program (see page 7);

- electrolysis;
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- reversals of sterilization;
- implantation of penile prosthesis;
- thermal ablation of obviously benign skin lesions;
- injection of asymptomatic varicose veins; and,
- non-medically required circumcisions.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards.

The Primary Health Services Branch provides global funding for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing patterns of practitioners. These committees are empowered to order the recovery of payments that have been inappropriately billed by practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2013-14 on a fee-for-service and non-fee-for-service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2013-14 include some services provided in 2012-13. Fiscal years typically consist of 26 pay runs.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons of Saskatchewan, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Any such payments, whether included or excluded from the data tables, are included in the expenditure tables on pages 5 and 6.

Optometric Services under Supplementary Health - Changes to the optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10, 15 and Figure 2)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts,

regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits, covered by a composite payment such as hospital care following surgery, are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** – Includes medical examinations for adoptions, for rape victims, for follow-up cancer reports; examinations and certifications of mental health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing and assessments of ocular urgencies and emergencies when provided by an optometrist.

(q) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures. Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina, Saskatoon, or a recognized bedroom community.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons is eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at

general practitioner rates). As of April 1, 2004, a foreign certified physician is eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

Note: Within the tables select specialist categories are combined due to confidentiality.

II. **Optometrist** - A practitioner registered with the Saskatchewan Association of Optometrists.

III. **Dentist** - A practitioner registered with the College of Dental Surgeons of Saskatchewan.

Notes:

1) **Definition of Licensed Physician** - Physicians with their own MSP billing number who are practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

2) **Definition of Active Physician** - Physicians receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1

Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2008-09 to 2013-14

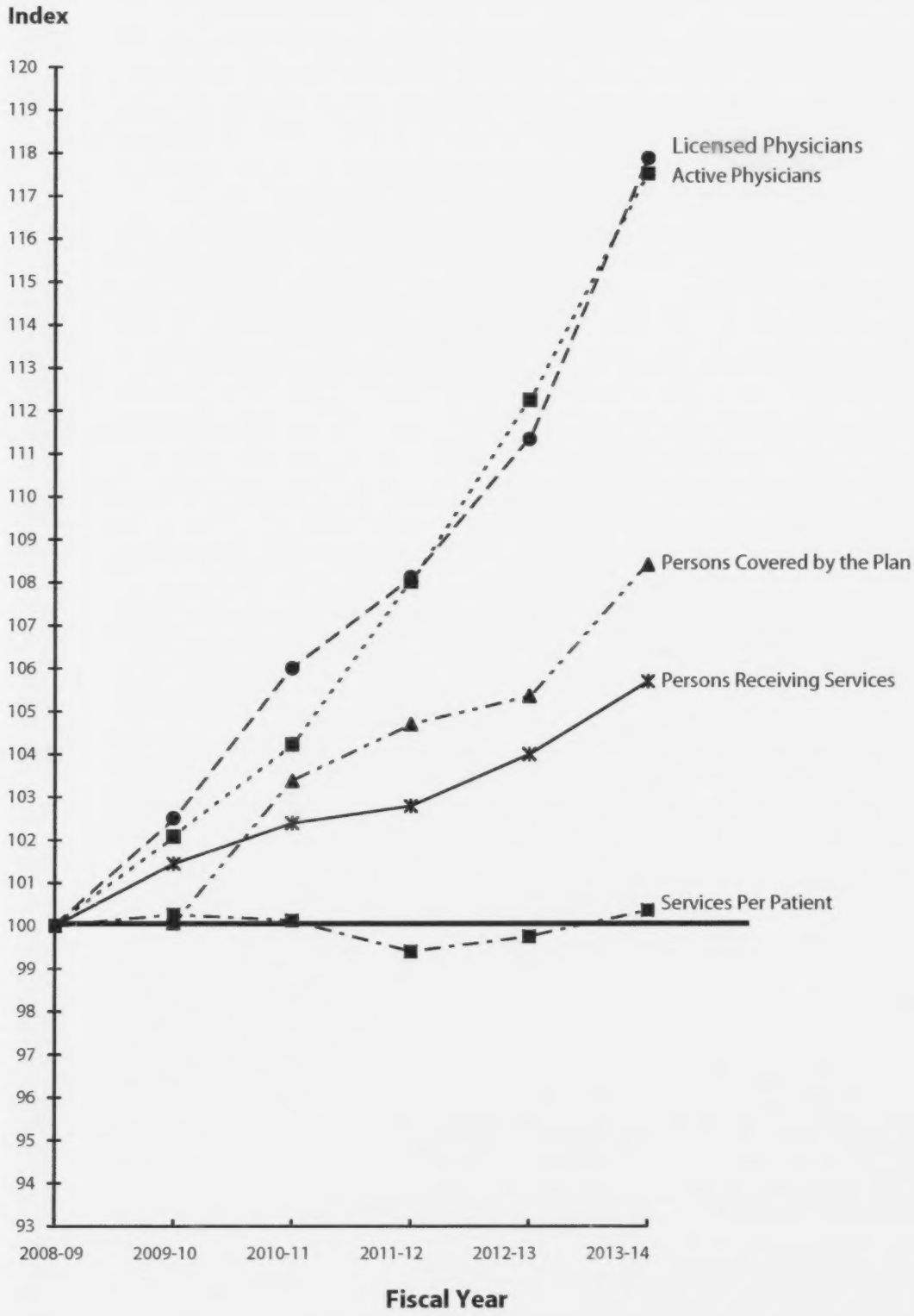


Figure 2

Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2008-09 to 2013-14

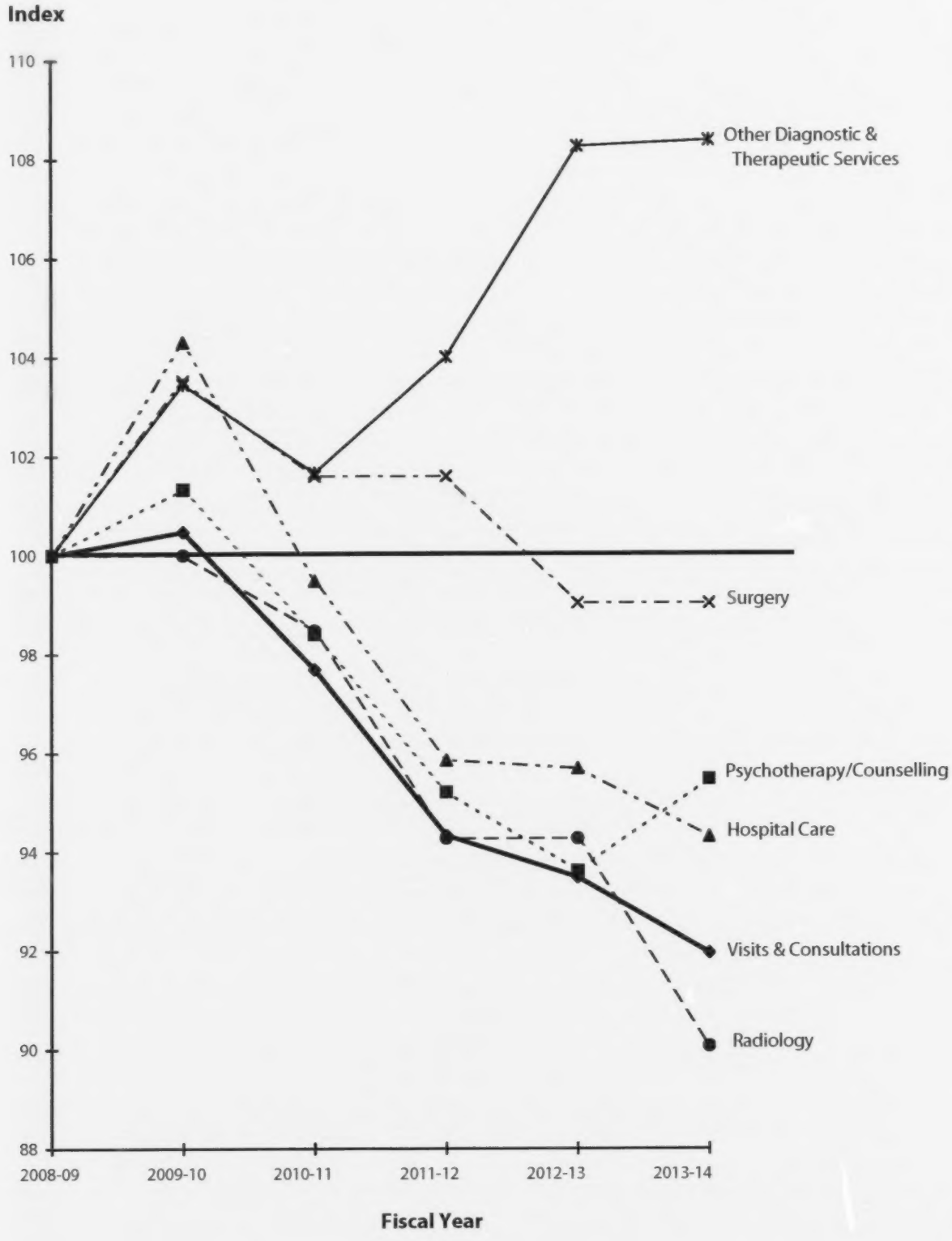


Figure 3

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

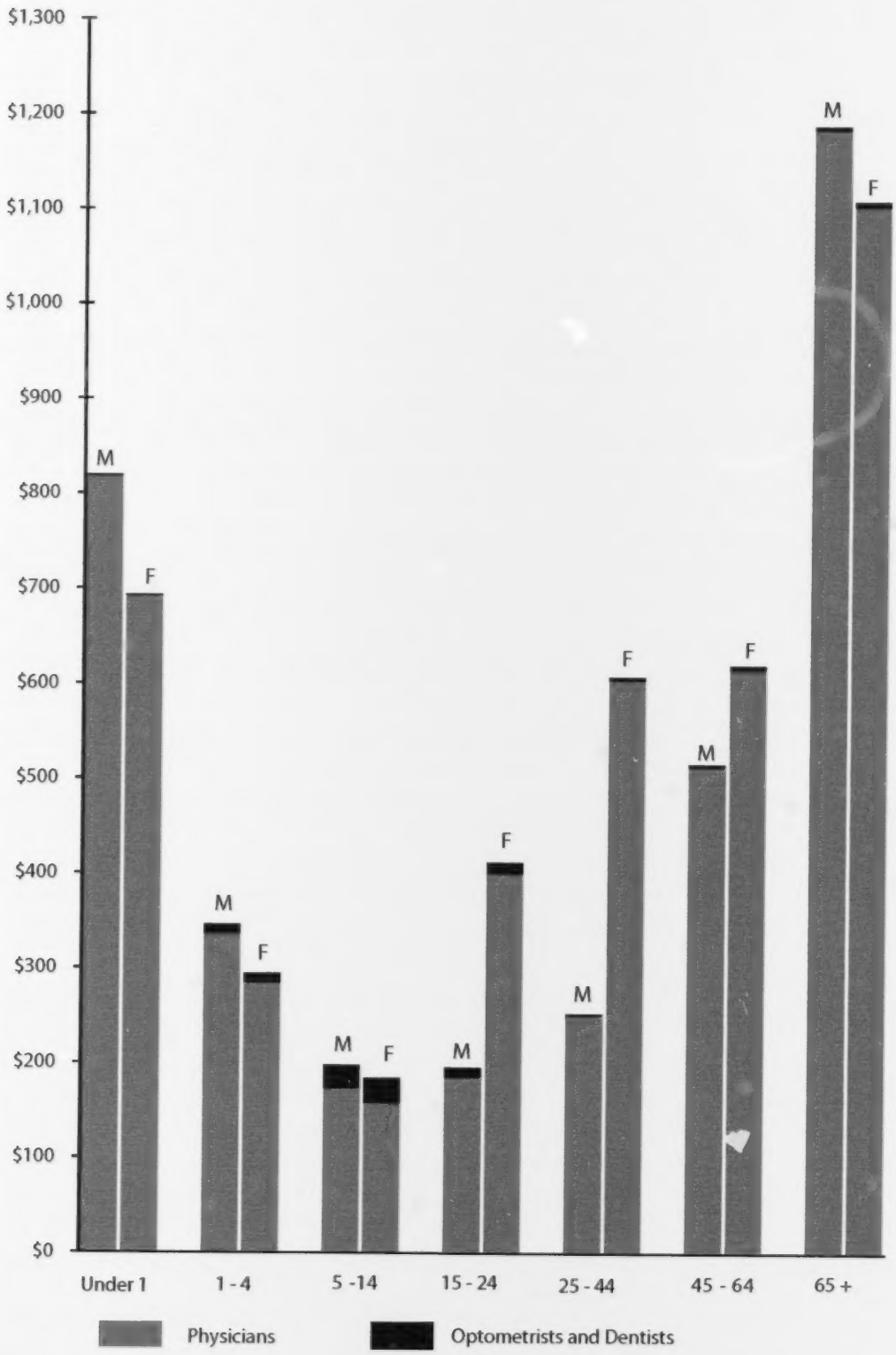
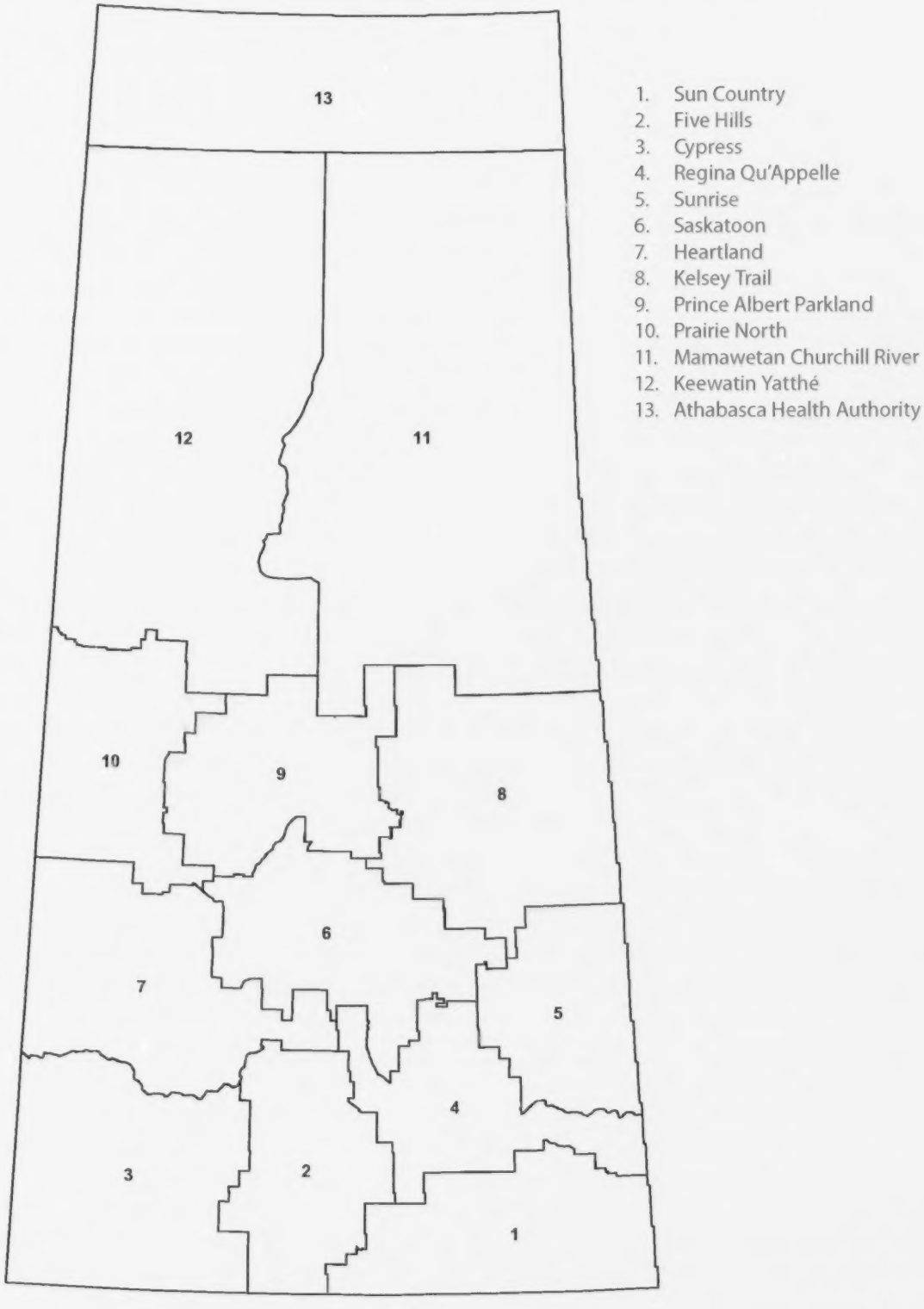


Figure 4

Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

Table 1

Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2009-10[3]	492,721	5.74	2.43	3.23
2010-11[3]	520,972	2.36	7.12	-4.44
2011-12[3]	539,691	2.28	1.34	0.93
2012-13	571,711	5.27	2.93	2.27
2013-14	590,150	0.23	0.00	0.32
Average Annual Per Cent Change 2009-10 to 2013-14	4.62	2.56	2.85	-0.23

[1] All physician, optometric and dental insured services are included. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

[2] 2010-11 cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

[3] Lump sum payments in lieu of retroactive amendments to Payment Schedules made to dentists and surgeons in 2009-10 are included. Lump sum payments made in 2011-12 for retroactive amendments to the physician Payment Schedule have been allocated to 2009-10 and 2010-11.

[4] Fee schedule increases are based on theoretical values of fee and new items increases.

[5] The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

Table 2

Adjustments and Recoveries by the Medical Services Plan

	2012-13		2013-14	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims[1]	2,120	($194.2)	2,219	$10,677.0
Routine Assessment on Out-of-Province Claims[1]	–	1,679.2	–	1,906.1
Special MSP Studies and Professional Review Activity[2]	15	506.9	14	640.3
Third Party Liability Recoveries[3]	–	4,667.6	–	3,491.3
Total	–	**$6,659.5**	–	**$16,714.7**

[1] All physician, optometric and dental insured services are included. Includes payments for rural assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, and any lump sum retroactive payments to practitioners.

[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

[3] The dollar amounts are recoveries for the cost of health services collected under the authority of The Department of Health Act.

Table 3

Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid 2012-13	Number of Claims Paid 2013-14	Per Cent of Claims Paid 2012-13	Per Cent of Claims Paid 2013-14
Physicians, Dentist & Dental Surgeons	**7,863,044**	**8,043,945**	**98.11**	**98.11**
In-Province Claims[1]	7,576,154	7,746,499	94.53	94.48
Out-of-Province Reciprocal Billing[2]	284,899	295,644	3.55	3.61
Other Out-of-Province	1,991	1,802	0.02	0.02
Optometrists[3]	**148,820**	**152,748**	**1.86**	**1.86**
In-Province Claims	147,720	151,595	1.84	1.85
Out-of-Province	1,100	1,153	0.01	0.01
Beneficiaries	**2,512**	**2,275**	**0.03**	**0.03**
Total	**8,014,376**	**8,198,968**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.
[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.
[3] Includes claims for optometrist services covered by the Supplementary Health Program.

Note: See "Data Limitations" on page 10.

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2013		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,421	7,087	13,885	12,334	817,961	691,939
1 - 4	30,939	29,438	6,490	5,679	336,040	284,080
5 - 14	70,782	67,889	4,102	3,906	173,220	157,654
15 - 24	79,710	75,146	4,005	8,324	185,649	399,444
25 - 44	155,308	148,373	5,442	11,893	250,485	604,035
45 - 64	146,656	143,101	10,351	12,988	512,887	615,452
65 and over	72,388	88,299	23,740	23,713	1,185,037	1,103,984
All Beneficiaries	**563,204**	**559,333**	**8,869**	**12,269**	**432,221**	**584,444**
B. Optometrists						
Under 1	7,421	7,087	27	28	1,380	1,456
1 - 4	30,939	29,438	195	200	10,345	10,569
5 - 14	70,782	67,889	461	496	24,797	26,671
15 - 24	79,710	75,146	141	187	7,312	9,572
25 - 44	155,308	148,373	37	66	1,472	2,555
45 - 64	146,656	143,101	51	77	2,014	3,092
65 and over	72,388	88,299	82	125	3,274	4,931
All Beneficiaries	**563,204**	**559,333**	**123**	**153**	**6,089**	**7,345**
C. Dentists						
Under 1	7,421	7,087	2	1	390	207
1 - 4	30,939	29,438	1	–	29	21
5 - 14	70,782	67,889	10	12	651	629
15 - 24	79,710	75,146	19	28	3,282	3,401
25 - 44	155,308	148,373	9	14	1,194	1,459
45 - 64	146,656	143,101	15	22	1,576	1,852
65 and over	72,388	88,299	12	13	1,071	1,206
All Beneficiaries	**563,204**	**559,333**	**12**	**17**	**1,431**	**1,588**

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.
5) See "Data Limitations" on page 10.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2012-13 Number of Beneficiaries[1]	2012-13 % of Beneficiaries	2012-13 % of Payments	2012-13 % of Services	2013-14 Number of Beneficiaries[1]	2013-14 % of Beneficiaries	2013-14 % of Payments	2013-14 % of Services
A. Physicians Only								
$0.00	178,863	16.4	–	<0.1	195,245	17.4	–	<0.1
$0.01 - $25.00	9,936	0.9	–	0.1	10,632	0.9	–	0.1
$25.01 - $50.00	100,350	9.2	0.6	1.0	102,228	9.1	0.6	1.0
$50.01 - $100.00	115,825	10.6	1.6	2.4	117,176	10.4	1.6	2.3
$100.01 - $250.00	223,418	20.5	6.7	9.4	226,202	20.2	6.6	9.2
$250.01 - $500.00	179,119	16.4	11.6	14.8	181,522	16.2	11.4	14.5
$500.01 - $1,000.00	140,065	12.8	17.7	19.9	141,251	12.6	17.3	19.6
$1,000.01 - $1,500.00	54,007	5.0	11.9	12.5	54,971	4.9	11.8	12.3
$1,500.01 - $2,000.00	29,913	2.7	9.3	8.7	30,767	2.7	9.3	8.6
$2,000.01 - $5,000.00	50,147	4.6	26.3	21.3	52,683	4.7	26.8	22.0
Over $5,000.00	9,310	0.9	14.2	9.9	9,860	0.9	14.6	10.3
Total	**1,090,953**	**100.0**	**100.0**	**100.0**	**1,122,537**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$0.00	968,043	88.7	–	<0.1	996,097	88.7	–	<0.1
$0.01 - $25.00	24	–	–	–	16	–	–	–
$25.01 - $50.00	16,262	1.5	9.7	10.8	17,828	1.6	10.4	11.5
Over $50.00	106,624	9.8	90.3	89.1	108,596	9.7	89.6	88.4
Total	**1,090,953**	**100.0**	**100.0**	**100.0**	**1,122,537**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) See "Data Limitations" on page 10.

Table 6

Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	7,421	8,857	100.00	13.89	817.96	11.63	685.34	58.91
	F	7,087	8,412	100.00	12.33	691.94	10.39	582.95	56.10
	T	14,508	17,269	100.00	13.13	756.40	11.03	635.47	57.62
1 - 4	M	30,939	26,703	86.31	6.49	336.04	7.52	389.35	51.78
	F	29,438	24,943	84.73	5.68	284.08	6.70	335.27	50.02
	T	60,377	51,646	85.54	6.09	310.71	7.12	363.23	50.98
5 - 9	M	36,252	26,889	74.17	4.43	187.83	5.97	253.23	42.41
	F	34,884	25,799	73.96	4.07	166.23	5.50	224.77	40.87
	T	71,136	52,688	74.07	4.25	177.24	5.74	239.30	41.69
10 - 14	M	34,530	23,320	67.54	3.76	157.88	5.56	233.77	42.01
	F	33,005	22,417	67.92	3.74	148.59	5.50	218.77	39.78
	T	67,535	45,737	67.72	3.75	153.34	5.53	226.42	40.92
15 - 19	M	37,078	24,600	66.35	4.02	187.60	6.06	282.75	46.65
	F	35,528	28,346	79.78	6.69	310.90	8.39	389.68	46.44
	T	72,606	52,946	72.92	5.33	247.93	7.31	340.00	46.52
20 - 24	M	42,632	26,716	62.67	3.99	183.95	6.37	293.54	46.09
	F	39,618	34,663	87.49	9.79	478.84	11.18	547.29	48.94
	T	82,250	61,379	74.62	6.78	326.00	9.09	436.85	48.07
25 - 29	M	43,582	28,652	65.74	4.44	198.88	6.75	302.52	44.84
	F	41,066	36,773	89.55	12.27	649.08	13.70	724.86	52.92
	T	84,648	65,425	77.29	8.23	417.29	10.65	539.90	50.68
30 - 34	M	40,589	27,995	68.97	5.18	240.02	7.51	348.00	46.33
	F	38,866	34,745	89.40	12.74	674.52	14.25	754.53	52.97
	T	79,455	62,740	78.96	8.88	452.56	11.24	573.13	50.99
35 - 39	M	36,521	26,343	72.13	5.87	271.48	8.13	376.36	46.27
	F	35,013	30,801	87.97	11.61	573.70	13.20	652.16	49.39
	T	71,534	57,144	79.88	8.68	419.40	10.87	525.02	48.32
40 - 44	M	34,616	25,315	73.13	6.57	305.58	8.98	417.85	46.52
	F	33,428	28,706	85.87	10.75	498.51	12.52	580.51	46.37
	T	68,044	54,021	79.39	8.62	400.36	10.86	504.29	46.43
45 - 49	M	36,485	26,937	73.83	7.63	363.06	10.34	491.75	47.57
	F	35,770	30,193	84.41	11.07	514.61	13.12	609.67	46.48
	T	72,255	57,130	79.07	9.34	438.09	11.81	554.07	46.93
50 - 54	M	41,028	32,470	79.14	9.10	435.11	11.50	549.79	47.80
	F	40,022	35,341	88.30	12.39	578.17	14.04	654.75	46.65
	T	81,050	67,811	83.67	10.73	505.75	12.82	604.49	47.14
55 - 59	M	38,476	32,335	84.04	11.17	565.06	13.29	672.38	50.60
	F	37,378	33,904	90.71	13.49	647.12	14.87	713.42	47.99
	T	75,854	66,239	87.32	12.31	605.49	14.10	693.39	49.19
60 - 64	M	30,667	27,715	90.37	14.23	729.74	15.75	807.47	51.28
	F	29,931	28,043	93.69	15.45	746.28	16.49	796.52	48.30
	T	60,598	55,758	92.01	14.83	737.91	16.12	801.96	49.75
65 - 69	M	23,292	22,159	95.14	17.79	945.87	18.70	994.23	53.17
	F	23,463	22,808	97.21	18.36	925.83	18.89	952.42	50.43
	T	46,755	44,967	96.18	18.08	935.81	18.80	973.02	51.77
70 - 74	M	16,979	16,353	96.31	21.43	1,118.99	22.25	1,161.82	52.22
	F	18,201	17,788	97.73	21.12	1,063.98	21.61	1,088.69	50.37
	T	35,180	34,141	97.05	21.27	1,090.53	21.92	1,123.72	51.27
75 & Over	M	32,117	33,065	100.00	29.28	1,393.40	28.44	1,353.45	47.59
	F	46,635	47,491	100.00	27.42	1,209.23	26.92	1,187.43	44.11
	T	78,752	80,556	100.00	28.18	1,284.34	27.55	1,255.58	45.58
Total all ages	**M**	**563,204**	**436,424**	**77.49**	**8.87**	**432.22**	**11.45**	**557.78**	**48.73**
	F	**559,333**	**491,173**	**87.81**	**12.27**	**588.49**	**13.97**	**670.15**	**47.97**
	T	**1,122,537**	**927,597**	**82.63**	**10.56**	**510.09**	**12.78**	**617.28**	**48.29**

[1] Population as at June 30, 2013.

[2] Population treated at anytime during the fiscal year.

Notes: Excludes payments for specialist and rural emergency coverage programs.

Table 7

Services by Type of Service

Type of Service[1]	Number of Services (000's) 2012-13	Number of Services (000's) 2013-14	Number of Services Per 1,000 Beneficiaries 2012-13	Number of Services Per 1,000 Beneficiaries 2013-14	Per Cent Change 2012-13 to 2013-14
In-Province Physician Services	**10,927.6**	**11,152.7**	**10,017**	**9,935**	**-0.81**
Consultations	499.2	511.9	458	456	-0.33
Major Assessments	484.5	498.0	444	444	-0.09
Other Assessments	3,964.0	3,998.1	3,633	3,562	-1.98
Psychotherapy	384.2	402.5	352	359	1.82
Total Visit Services	**5,331.8**	**5,410.6**	**4,887**	**4,820**	**-1.38**
Hospital Care	**605.0**	**614.3**	**555**	**547**	**-1.32**
Special Calls and Emergency	**242.5**	**246.3**	**222**	**219**	**-1.28**
Major Surgery	131.1	136.7	120	122	1.34
Minor Surgery	206.1	210.0	189	187	-1.00
Surgical Assistance	150.9	161.1	138	144	3.76
Obstetrics	28.7	29.6	26	26	0.01
Anaesthesia	724.9	751.0	664	669	0.69
Total Surgical Services	**1,241.8**	**1,288.4**	**1,138**	**1,148**	**0.83**
Diagnostic Radiology	269.5	264.9	247	236	-4.46
Laboratory Services	321.2	313.1	294	279	-5.28
Other Diagnostic and Therapeutic Services	1,913.8	1,971.0	1,754	1,756	0.09
Special and Miscellaneous Services	1,002.1	1,044.2	919	930	1.27
Total Diagnostic Services	**3,506.5**	**3,593.1**	**3,214**	**3,201**	**-0.41**
In-Province Dental Services	**18.1**	**16.0**	**17**	**14**	**-14.12**
In-Province Optometric Services	**146.2**	**150.6**	**134**	**134**	**0.11**
Refractions by Optometrists	98.2	99.7	90	89	-1.38
Other Optometric Services	47.9	50.9	44	45	3.17
Out-of-Province Services					
Physician Services	668.8	705.0	613	628	2.44
Dental Services	0.1	0.1	–	–	–
Optometric Services	4.2	4.3	4	4	0.26
All Services	**11,765.0**	**12,028.7**	**10,784**	**10,716**	**-0.64**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 8

Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 2012-13	Dollar Payments (000's) 2013-14	Dollar Payments Per 1,000 Beneficiaries 2012-13	Dollar Payments Per 1,000 Beneficiaries 2013-14	Per Cent Change 2012-13 to 2013-14
In-Province Physician Services	**528,048**	**543,785**	**484,025**	**484,425**	**0.08**
Consultations	63,546	65,494	58,249	58,345	**0.17**
Major Assessments	30,865	31,737	28,292	28,272	**-0.07**
Other Assessments	153,059	155,298	140,299	138,346	**-1.39**
Psychotherapy	17,887	18,416	16,937	16,406	**-3.13**
Total Visit Services	**265,948**	**270,946**	**243,775**	**241,369**	**-0.99**
Hospital Care	**18,477**	**18,826**	**16,396**	**16,771**	**2.29**
Special Calls and Emergency	**10,488**	**10,746**	**9,614**	**9,573**	**-0.42**
Major Surgery	50,961	54,155	46,712	48,243	**3.28**
Minor Surgery	7,766	7,874	7,119	7,014	**-1.46**
Surgical Assistance	12,686	13,497	11,628	12,024	**3.40**
Obstetrics	13,996	14,428	12,829	12,853	**0.19**
Anaesthesia	36,049	36,984	33,044	32,947	**-0.29**
Total Surgical Services	**121,458**	**126,939**	**111,332**	**113,082**	**1.57**
Diagnostic Radiology	13,221	13,303	12,119	11,851	**-2.21**
Laboratory Services	1,445	1,421	1,325	1,266	**-4.47**
Other Diagnostic and Therapeutic Services	77,678	81,005	71,202	72,163	**1.35**
Special and Miscellaneous Services[2]	19,924	20,599	18,263	18,351	**0.48**
Total Diagnostic Services	**112,268**	**116,329**	**102,908**	**103,630**	**0.70**
In-Province Dental Services	**1,710**	**1,670**	**1,568**	**1,488**	**-5.12**
In-Province Optometric Services	**7,093**	**7,317**	**6,502**	**6,518**	**0.25**
Refractions by Optometrists	5,433	5,521	4,981	4,918	**-1.25**
Other Optometric Services	1,659	1,796	1,521	1,600	**5.18**
Out-of-Province Services					
Physician Services	34,856	37,134	31,950	33,080	**3.54**
Dental Services	22	24	20	22	**8.24**
Optometric Services	213	221	196	197	**0.64**
All Services	**571,943**	**590,150**	**524,260**	**525,729**	**0.28**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian Funds.
3) See "Data Limitations" on page 10.

Table 9

Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2012-13 General Practitioners ($)	2012-13 Specialists ($)	2012-13 All Practitioners ($)	2013-14 General Practitioners ($)	2013-14 Specialists ($)	2013-14 All Practitioners ($)
In-Province Physician Services	**36.67**	**67.29**	**49.23**	**35.31**	**67.71**	**48.76**
Consultations	85.40	129.51	127.31	84.01	130.39	127.94
Major Assessments	60.75	82.31	63.71	60.32	85.30	63.72
Other Assessments	36.87	51.24	38.61	36.97	51.95	38.84
Psychotherapy	39.70	63.82	46.56	36.01	68.66	45.75
Average Of Visit Services	**39.62**	**86.42**	**49.77**	**39.73**	**86.93**	**50.08**
Hospital Care	**29.90**	**31.32**	**30.54**	**30.08**	**31.27**	**30.64**
Special Calls and Emergency	**42.44**	**44.50**	**43.25**	**42.46**	**45.40**	**43.63**
Major Surgery	260.10	393.43	388.74	254.07	401.37	396.18
Minor Surgery	20.35	81.59	37.68	19.25	83.05	37.50
Surgical Assistance	73.37	166.65	84.05	73.60	156.87	83.76
Obstetrics	571.80	447.57	487.21	566.40	451.85	488.07
Anaesthesia	44.45	50.28	49.73	44.42	49.82	49.25
Average Of Surgical Services	**61.27**	**112.94**	**97.81**	**60.62**	**114.71**	**98.53**
Diagnostic Radiology	–	49.06	49.06	–	50.22	50.22
Laboratory Services	4.44	5.40	4.50	4.45	5.95	4.54
Other Diagnostic and Therapeutic Services	15.55	46.13	40.59	14.97	46.56	41.10
Special and Miscellaneous Services[2]	10.71	17.03	12.12	10.38	16.41	11.75
Average Of Diagnostic Services	**10.55**	**43.01**	**29.80**	**10.25**	**43.33**	**30.06**
In-Province Dental Services	–	–	**94.38**	–	–	**104.27**
In-Province Optometric Services	–	–	**48.53**	–	–	**48.60**
Refractions by Optometrists	–	–	55.32	–	–	55.39
Other Optometric Services	–	–	34.61	–	–	35.29
Out-of-Province Services						
Physician Services	47.09	54.65	52.11	47.28	55.21	52.67
Dental Services	–	–	361.30	–	–	301.80
Optometric Services	–	–	50.77	–	–	50.96
All Services	**37.02**	**66.15**	**49.46**	**35.71**	**66.53**	**49.06**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.
[2] Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	2012-13	2013-14	2012-13	2013-14
In-Province Physician Services	**92.88**	**92.73**	**92.33**	**92.14**
Consultations	4.24	4.26	11.11	11.10
Major Assessments	4.12	4.14	5.40	5.38
Other Assessments	33.69	33.24	26.76	26.31
Psychotherapy	3.27	3.35	3.23	3.12
	45.32	**44.98**	**46.50**	**45.91**
Hospital Care	**5.14**	**5.11**	**3.13**	**3.19**
Special Calls and Emergency	**2.06**	**2.05**	**1.83**	**1.82**
Major Surgery	1.11	1.14	8.91	9.18
Minor Surgery	1.75	1.75	1.36	1.33
Surgical Assistance	1.28	1.34	2.22	2.29
Obstetrics	0.24	0.25	2.45	2.44
Anaesthesia	6.16	6.24	6.30	6.27
	10.55	**10.71**	**21.24**	**21.51**
Diagnostic Radiology	2.29	2.20	2.31	2.25
Laboratory Services	2.73	2.60	0.25	0.24
Other Diagnostic and Therapeutic Services	16.27	16.39	13.58	13.73
Special and Miscellaneous Services[2]	8.52	8.68	3.48	3.49
	29.80	**29.87**	**19.63**	**19.71**
In-Province Dental Services	**0.15**	**0.13**	**0.30**	**0.28**
In-Province Optometric Services	**1.24**	**1.25**	**1.24**	**1.24**
Refractions by Optometrists	0.83	0.83	0.95	0.94
Other Optometric Services	0.41	0.42	0.29	0.30
Out-of-Province Services				
Physician Services	5.69	5.86	6.09	6.29
Dental Services	–	–	–	–
Optometrist Services	0.04	0.04	0.04	0.04
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 11

Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**10,646.3**	**109.6**	**48.3**	**389.1**	**1,300.7**	**7,595.1**	**1,063.0**	**120.4**	**20.1**
Specialists									
Paediatricians and Medical Geneticists	1,303.5	10.6	0.2	25.6	56.8	1,163.4	38.3	6.7	2.0
Internists and Physiatrists	3,731.7	21.1	3.9	149.5	302.6	2,969.2	159.7	122.8	3.0
Neurologists	296.0	1.5	0.1	9.8	42.2	220.6	16.0	5.2	0.7
Psychiatrists	960.2	8.1	–	54.2	43.2	698.1	141.9	0.4	14.3
Dermatologists	197.4	15.6	0.2	3.8	5.6	165.5	5.1	1.3	0.3
Anaesthetists	3,116.3	21.8	3.5	120.8	192.3	2,610.8	133.5	24.6	9.1
General and Thoracic Surgeons	3,146.1	11.4	1.7	78.6	305.4	2,615.3	98.2	32.2	3.3
Orthopaedic Surgeons	1,188.7	4.9	4.4	43.2	117.6	910.8	78.4	19.8	9.6
Plastic and Reconstructive Surgeons	390.8	1.3	–	8.4	34.0	331.0	13.9	1.0	1.2
Neurological Surgeons	290.5	1.8	0.7	23.9	53.7	181.8	17.6	10.3	0.8
Obstetricians and Gynaecologists	1,035.0	15.9	1.0	62.8	142.3	753.9	54.4	3.1	1.6
Urological Surgeons	364.1	0.2	1.9	21.6	32.3	280.4	23.5	3.2	0.9
Ophthalmologists	811.5	14.9	0.5	33.5	54.3	656.3	41.6	9.9	0.4
Otolaryngologists	889.8	17.4	0.2	9.0	36.3	804.7	19.5	2.0	0.7
Pathologists	4,468.8	1.0	0.9	57.8	18.6	4,252.8	133.4	4.2	0.1
Diagnostic Radiologists	3,305.6	18.5	0.6	70.0	247.5	2,922.3	42.7	3.6	0.5
US Services with Prior Approval	**1,044.9**	–	–	–	–	–	–	**1,044.9**	–
All Physicians	**37,187.3**	**275.6**	**68.0**	**1,161.5**	**2,985.3**	**29,132.1**	**2,080.6**	**1,415.6**	**68.6**
Dentists	24.1	–	–	0.6	4.8	18.7	–	–	–
Optometrists	221.0	–	–	0.3	30.6	189.3	0.4	0.5	–

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.
3) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" on page 10.

Table 12

Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	All Locations	Home Province or Territory of Beneficiary										
		Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**5,104.2**	**53.7**	**20.9**	**111.9**	**76.9**	**667.3**	**1,301.7**	**2,194.7**	**630.5**	**22.6**	**13.5**	**10.5**
Specialists												
Paediatricians and Medical Geneticists	177.4	0.5	0.5	1.6	2.1	10.6	60.3	84.5	13.2	1.2	1.4	1.3
Internists and Physiatrists	781.2	4.9	0.8	6.7	6.2	86.6	197.0	375.0	97.1	2.7	4.0	0.2
Neurologists	80.4	0.6	–	2.1	0.6	13.5	17.3	37.2	8.5	0.6	0.1	–
Cardiologists	385.3	2.6	0.1	5.4	2.7	43.9	134.8	139.0	52.1	3.6	1.1	–
Psychiatrists	247.5	5.0	3.7	8.7	5.4	37.8	25.8	106.1	39.6	6.5	5.8	3.0
Dermatologists	19.4	0.4	0.1	0.5	0.2	2.5	8.3	5.3	2.0	–	0.1	0.1
Anaesthetists	1,013.4	1.4	1.0	8.4	8.1	72.1	190.2	654.6	74.2	0.5	1.5	1.3
General Surgeons	765.7	2.1	2.3	6.3	7.9	64.4	184.9	439.6	56.2	0.3	0.2	1.7
Cardiac Surgeons	105.5	0.1	–	–	0.3	16.7	34.0	32.5	21.8	–	–	–
Orthopaedic Surgeons	640.5	4.6	0.1	2.2	8.4	43.6	119.8	397.8	62.6	0.9	0.3	0.2
Plastic and Reconstructive Surgeons	121.5	1.1	–	1.2	0.6	9.6	32.8	54.5	21.2	0.1	0.2	0.2
Neurological Surgeons	230.8	–	–	0.3	0.6	10.6	36.2	167.4	15.4	–	0.4	–
Obstetricians and Gynaecologists	653.5	2.9	3.1	7.3	8.6	68.0	229.8	287.8	43.0	0.6	1.9	0.4
Urological Surgeons	138.6	2.4	–	0.7	1.0	8.0	75.0	44.1	7.2	–	0.2	–
Ophthalmologists	735.3	0.7	–	1.1	0.6	20.0	356.2	334.0	18.9	2.9	0.9	0.2
Otolaryngologists	198.4	0.2	0.2	1.6	0.5	10.2	57.9	116.8	8.5	0.7	1.3	0.4
Pathologists	565.7	4.8	1.8	10.6	9.6	113.0	76.0	260.3	82.7	2.9	2.1	1.8
Diagnostic Radiologists	362.8	4.3	1.5	7.4	6.9	66.6	71.2	140.5	58.0	3.4	1.0	2.1
All Physicians	**12,327.0**	**92.0**	**35.9**	**184.0**	**147.2**	**1,365.0**	**3,209.3**	**5,871.8**	**1,312.9**	**49.6**	**35.9**	**23.5**

Notes:

1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.
2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.
3) See "Data Limitations" on page 10.

Table 13a

Payments ($000's) for Out-of-Province Hospital Services By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant	**1,129.7**	–	–	–	–	45.2	–	940.4	144.1
Out-of-Country	**1,024.8**	–	–	–	–	–	–	1,024.8	–
Defibrillator Pacemaker Implantation	**857.8**	–	–	–	–	817.4	40.4	–	–
Liver Transplant	**608.7**	–	–	–	–	608.7	–	–	–
Heart or Heart and Lung Transplant	**514.7**	–	–	–	–	514.7	–	–	–
Lung Transplant	**193.3**	–	–	–	–	193.3	–	–	–
Kidney or Kidney and Pancreas Transplant	**138.4**	–	–	–	33.3	105.1	–	–	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**898.6**	4.5	–	4.9	65.2	750.5	63.7	4.9	5.1
II. Neoplasms	**4,208.5**	86.5	–	723.1	157.3	3,029.9	205.6	2.8	3.3
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**1,711.0**	14.5	–	61.4	41.0	1,558.4	15.7	19.8	0.2
IV. Diseases of Blood & Blood-Forming Organs	**267.1**	23.0	–	12.3	3.8	144.3	83.0	0.4	0.4
V. Mental Disorders	**2,240.6**	68.9	36.3	194.2	(55.0)	1,393.0	599.3	2.2	1.9
VI. Diseases of Nervous System & Sense Organs	**1,741.4**	–	–	42.6	34.4	1,506.8	150.8	1.0	5.7
VII. Diseases of the Circulatory System	**7,660.9**	8.6	13.8	274.7	137.3	6,805.5	385.7	29.7	5.6
VIII. Diseases of the Respiratory System	**2,626.7**	46.6	7.1	71.3	123.8	2,166.2	198.8	6.3	6.7
IX. Diseases of the Digestive System	**4,302.6**	30.4	19.8	132.6	177.9	3,740.5	180.0	11.3	10.1
X. Diseases of the Genitourinary System	**1,153.8**	3.4	–	78.5	131.2	863.7	75.2	0.8	1.0
XI. Complications of Pregnancy, Childbirth & the Puerperium	**1,337.4**	80.2	(2.6)	96.6	208.9	864.7	84.8	4.6	0.3
XII. Diseases of the Skin & Subcutaneous Tissue	**265.8**	–	1.2	41.5	31.2	168.9	22.2	0.7	0.1
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**1,446.2**	4.7	29.6	(6.8)	169.2	1,191.5	49.9	1.4	6.8
XIV. Congenital Anomalies	**7,674.1**	–	6.1	63.8	8.6	7,518.6	77.0	0.1	–
XV. Certain Conditions Originating in the Perinatal Period	**3,138.2**	16.4	–	1.6	316.8	2,224.4	579.1	–	–
XVI. Symptoms, Signs, & Ill-defined Conditions	**1,746.4**	44.6	1.6	53.8	40.5	1,431.7	160.2	8.3	5.7
XVII. Injury and Poisoning	**6,408.8**	113.9	3.3	141.4	311.2	5,370.6	453.1	7.0	8.3
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**1,981.0**	117.8	5.7	110.1	180.6	1,347.1	219.6	–	–
Outpatient Treatment									
Standard Outpatient Visit	**13,971.4**	296.1	115.2	782.1	1,168.7	10,331.0	1,215.9	44.1	18.4
Day Surgery	**2,289.9**	10.5	12.1	116.6	440.2	1,579.2	127.7	2.0	1.7
Haemodialysis	**1,471.5**	12.8	–	25.0	112.3	1,278.9	39.6	2.0	0.9
Computerized Axial Tomography (CAT Scan)	**1,315.0**	18.4	9.5	81.0	205.0	794.6	206.4	–	–
Magnetic Resonance Imaging (MRI)	**722.9**	4.7	2.0	44.4	106.0	551.7	14.2	–	–
Positron Emission Tomography (PET Scan)	**100.6**	–	–	2.1	28.8	67.3	2.5	–	–
Radiotherapy Services	**398.4**	2.1	–	54.0	35.7	254.1	52.5	–	–
Cancer Chemotherapy Visit	**866.9**	1.3	–	66.0	234.0	530.2	35.5	–	–
Gamma Knife Procedure	**731.0**	–	–	–	714.0	–	–	17.0	–
Brachytherapy	**722.2**	–	–	–	100.0	222.2	400.0	–	–
Out-of-Country	**1,515.8**	–	–	–	–	–	–	1,515.8	–
Other Outpatient Treatment	**2,236.8**	50.9	9.4	31.2	197.6	1,673.1	270.2	3.8	0.5
Total	**81,618.9**	**1,060.5**	**270.1**	**3,299.9**	**5,459.4**	**61,642.8**	**6,008.4**	**3,651.2**	**226.7**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) The majority of cochlear implants are performed in Alberta with a few done in Saskatchewan. The devices are purchased from the United States.
4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b

Number of Out-of-Province Hospital Cases by Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant	**23**	–	–	–	–	23	–	–	–
Out-of-Country	**13**	–	–	–	–	–	–	13	–
Defibrillator Pacemaker Implantation	**40**	–	–	–	–	38	2	–	–
Liver Transplant	**5**	–	–	–	–	5	–	–	–
Heart or Heart and Lung Transplant	**4**	–	–	–	–	4	–	–	–
Lung Transplant	**1**	–	–	–	–	1	–	–	–
Kidney or Kidney and Pancreas Transplant	**4**	–	–	–	1	3	–	–	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**97**	1	–	3	5	49	9	10	20
II. Neoplasms	**319**	5	–	39	24	220	23	4	4
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**127**	2	–	11	6	97	3	7	1
IV. Diseases of Blood & Blood Forming Organs	**39**	2	–	2	1	25	6	2	1
V. Mental Disorders	**229**	20	2	24	20	107	50	5	1
VI. Diseases of Nervous System & Sense Organs	**165**	–	–	6	7	133	8	4	7
VII. Diseases of the Circulatory System	**574**	3	4	37	27	374	52	65	12
VIII. Diseases of the Respiratory System	**308**	2	3	12	36	192	21	21	21
IX. Diseases of the Digestive System	**475**	3	2	35	55	278	43	37	22
X. Diseases of the Genitourinary System	**218**	2	–	11	24	152	20	6	3
XI. Complications of Pregnancy Childbirth & the Puerperium	**439**	8	1	37	75	284	31	2	1
XII. Diseases of the Skin & Subcutaneous Tissue	**47**	–	1	5	6	25	6	3	1
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**285**	2	6	4	46	205	14	4	4
XIV. Congenital Anomalies	**242**	–	3	4	3	227	4	1	–
XV. Certain Conditions Originating in the Perinatal Period	**133**	3	–	1	29	86	14	–	–
XVI. Symptoms, Signs, & Ill-defined Conditions	**301**	9	1	17	12	176	38	29	19
XVII. Injury and Poisoning	**570**	9	1	18	47	390	61	21	23
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**561**	15	4	28	93	379	42	–	–
Outpatient Treatment									
Standard Outpatient Visit	**50,759**	1,114	414	2,781	4,247	36,519	4,389	887	408
Day Surgery	**2,008**	10	11	101	379	1,356	114	20	17
Haemodialysis	**3,187**	27	–	59	243	2,715	85	40	18
Computerized Axial Tomography (CAT Scan)	**1,972**	26	14	119	309	1,192	312	–	–
Magnetic Resonance Imaging (MRI)	**1,098**	7	3	66	161	839	22	–	–
Positron Emission Tomography (PET Scan)	**84**	–		2	23	57	2	–	–
Radiotherapy Services	**1,150**	6	–	157	103	733	151	–	–
Cancer Chemotherapy Visit	**669**	1	–	52	182	406	28	–	–
Gamma Knife Procedure	**43**	–	–	–	42	–	–	1	–
Brachytherapy	**85**	–	–	–	20	33	32	–	–
Out-of-Country	**335**	–	–	–	–	–	–	335	–
Other Outpatient Treatment	**7,727**	370	51	34	1,271	4,395	1,602	3	1
Total	**74,260**	**1,647.0**	**521.0**	**3,665.0**	**7,497.0**	**51,657.0**	**7,182.0**	**1,507.0**	**584.0**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) The majority of cochlear implants are performed in Alberta with a few done in Saskatchewan. The devices are purchased from the United States.
3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
4) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a

Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**176.3**	10.8	–	27.7	55.5	69.7	12.6
II. Neoplasms	**567.6**	9.3	26.6	24.5	177.6	294.7	35.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**798.0**	16.0	7.6	43.5	307.0	342.2	81.7
IV. Diseases of Blood and Blood-Forming Organs	**60.3**	1.0	–	7.8	31.9	8.6	11.1
V. Mental Disorders	**2,948.5**	143.5	31.0	322.1	293.9	1,776.5	381.6
VI. Diseases of the Nervous System & Sense Organs	**306.5**	4.9	–	103.9	88.8	99.7	9.1
VII. Diseases of the Circulatory System	**3,001.6**	83.2	13.2	333.7	991.7	1,149.8	430.0
VIII. Diseases of the Respiratory System	**1,314.0**	39.4	8.3	223.4	371.1	473.8	197.9
IX. Diseases of the Digestive System	**1,719.9**	67.8	77.6	234.9	577.2	514.8	247.6
X. Diseases of the Genitourinary System	**438.2**	20.5	1.0	33.1	168.6	158.3	56.7
XI. Complications of Pregnancy, Childbirth & the Puerperium	**964.8**	49.6	2.6	85.2	406.2	319.8	101.3
XII. Diseases of the Skin and Subcutaneous Tissue	**192.0**	–	–	5.7	54.1	78.3	54.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**779.4**	29.8	–	33.0	135.6	539.3	41.7
XIV. Congenital Anomalies	**28.0**	–	–	1.1	25.3	1.6	–
XV. Certain Conditions Originating in the Perinatal Period	**1,266.5**	3.5	–	316.7	352.4	418.3	175.6
XVI. Symptoms, Signs, and Ill-defined Conditions	**1,162.1**	78.1	3.0	114.9	370.8	382.3	213.1
XVII. Injury and Poisoning	**2,617.8**	133.7	26.0	361.0	795.5	917.9	383.7
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**1,026.8**	10.4	0.4	230.9	266.1	394.2	124.8
Outpatient Treatment							
Standard Outpatient Visit	**9,153.8**	578.6	96.5	1,247.8	2,642.4	3,423.1	1,165.3
Day Surgery	**1,757.2**	44.3	4.6	104.9	894.1	615.9	93.3
Haemodialysis	**175.2**	17.5	–	(36.6)	19.3	154.0	20.9
Computerized Axial Tomography (CAT Scan)	**592.7**	37.5	10.2	92.1	160.9	202.0	90.0
Magnetic Resonance Imaging (MRI)	**194.0**	6.0	0.7	20.3	49.1	96.3	21.5
Radiotherapy Services	**1.0**	1.0	–	–	–	–	–
Cancer Chemotherapy Visit	**227.0**	–	–	2.6	43.6	154.4	26.4
Other Outpatient Treatment	**497.5**	33.1	2.1	72.0	90.2	233.2	66.9
Total	**31,966.7**	**1,419.6**	**311.5**	**4,006.2**	**9,369.1**	**12,818.6**	**4,041.7**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases							
I. Infectious & Parasitic Diseases	**42**	3	–	8	9	15	7
II. Neoplasms	**95**	2	3	6	39	37	8
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**108**	4	2	7	34	48	13
IV. Diseases of Blood and Blood-Forming Organs	**17**	1	–	3	8	3	2
V. Mental Disorders	**253**	15	3	25	34	141	35
VI. Diseases of the Nervous System & Sense Organs	**56**	3	–	5	24	22	2
VII. Diseases of the Circulatory System	**336**	14	1	40	117	115	49
VIII. Diseases of the Respiratory System	**218**	8	3	34	61	80	32
IX. Diseases of the Digestive System	**332**	19	3	46	119	108	37
X. Diseases of the Genitourinary System	**141**	5	1	12	50	53	20
XI. Complications of Pregnancy, Childbirth & the Puerperium	**351**	15	1	34	153	113	35
XII. Diseases of the Skin and Subcutaneous Tissue	**26**	–	–	2	10	10	4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**150**	7	–	7	25	103	8
XIV. Congenital Anomalies	**14**	–	–	1	11	2	–
XV. Certain Conditions Originating in the Perinatal Period	**78**	1	–	6	47	20	4
XVI. Symptoms, Signs, and Ill-defined Conditions	**254**	11	2	36	80	89	36
XVII. Injury and Poisoning	**375**	24	4	45	103	146	53
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**247**	8	1	27	113	77	21
Outpatient Treatment -- Services							
Standard Outpatient Visit	**32,243**	2,069	359	4,388	9,286	12,020	4,121
Day Surgery	**1,515**	40	4	90	767	531	83
Haemodialysis	**521**	37	–	63	41	326	54
Computerized Axial Tomography (CAT Scan)	**874**	55	15	135	236	298	135
Magnetic Resonance Imaging (MRI)	**289**	9	1	30	73	143	33
Radiotherapy Services	**3**	3	–	–	–	–	–
Cancer Chemotherapy Visit	**183**	–	–	2	40	118	23
Other Outpatient Treatment	**3,508**	245	21	504	631	1,632	475
Total	**42,229**	**2,598**	**424**	**5,556**	**12,111**	**16,250**	**5,290**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000's)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	27.0	28.8	108.7	20.4	28.8	9.8	12.6	58.9	2.8
Special Eye Examination	–	–	–	–	–	–	–	–	–
Major Assessments	430.2	11.1	4.8	0.6	1.1	4.8	2.8	2.5	–
Other Assessments	3,497.6	33.6	83.8	12.6	14.2	13.2	9.7	49.5	0.9
Hospital Care Days	323.1	32.0	175.7	11.9	26.1	12.3	–	20.3	0.2
Special Calls and Emergency									
Surcharges	143.3	3.9	19.2	2.8	4.5	2.8	0.2	9.8	0.8
Premiums	5.2	0.4	2.8	0.1	0.3	0.2	–	0.1	0.0
Psychotherapy									
Base Time[2]	170.2	0.2	0.1	–	–	66.4	–	–	–
Additional Time	99.7	0.1	0.1	–	–	60.9	–	–	–
Major Surgery	4.8	–	0.4	0.6	0.3	–	–	16.9	6.7
Minor Surgery	149.9	0.1	0.3	–	0.1	–	8.9	6.6	0.6
Surgical Assistance	141.5	–	–	–	–	–	–	6.4	0.8
Obstetrics	9.3	–	–	–	–	–	–	–	–
Anaesthesia									
Operative	73.7	–	–	–	–	–	–	–	–
Nerve Blocks and Epidurals	6.2	–	0.4	0.2	–	–	–	–	–
Diagnostic Radiology	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	294.8	0.2	–	–	–	–	0.1	–	–
Diagnostic Ultrasound	1.2	2.4	7.3	0.0	48.4	–	–	–	–
Other Diagnostic and Therapeutic Services	339.4	130.0	351.2	12.2	150.2	29.3	12.2	59.2	0.5
Special Services	125.4	0.2	0.2	–	–	–	0.8	9.1	–
Miscellaneous Services[3]	681.2	16.6	58.0	7.1	8.7	19.4	1.7	20.7	1.3
Total Services	**6,523.9**	**259.6**	**813.0**	**68.4**	**282.7**	**219.1**	**49.0**	**260.0**	**14.5**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.
[2] Represents the number of instances these types of services were provided during the year.
[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation, and the fee code for SSCN prioritization form completion.

Note: See "Data Limitations" on page 10.

Table 15 (Continued)

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000's)	Type of Physician									
	Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	**Total Services**
Visits										
Consultations	42.4	14.3	6.3	47.7	11.2	47.9	27.9	15.9	0.5	**511.9**
Special Eye Examination	–	–	–	–	–	0.4	–	–	–	**0.4**
Major Assessments	0.3	0.1	–	9.2	3.0	22.5	4.4	–	–	**497.6**
Other Assessments	57.1	12.5	4.8	89.0	6.5	88.3	20.8	4.1	–	**3,998.1**
Hospital Care Days	3.2	0.1	3.3	4.8	0.5	0.1	0.7	–	–	**614.3**
Special Calls and Emergency										
Surcharges	6.7	1.5	1.2	8.0	1.1	1.5	1.2	16.2	0.4	**225.0**
Premiums	–	–	–	–	–	–	–	12.2	–	**21.3**
Psychotherapy										
Base Time[2]	–	–	–	3.3	–	–	–	–	–	**240.1**
Additional Time	–	–	–	1.6	–	–	–	–	–	**162.3**
Major Surgery	30.4	8.4	7.5	8.1	5.4	37.0	10.1	–	0.1	**136.6**
Minor Surgery	1.9	7.4	0.2	1.5	1.5	23.7	6.9	–	0.2	**210.0**
Surgical Assistance	1.3	1.1	0.5	5.7	1.8	–	2.2	–	–	**161.1**
Obstetrics	–	–	–	20.2	–	–	–	–	–	**29.6**
Anaesthesia										
Operative	–	–	–	–	–	–	–	639.6	–	**713.3**
Nerve Blocks and Epidurals	0.4	–	0.1	0.2	0.1	–	–	29.0	1.2	**37.7**
Diagnostic Radiology	–	–	–	–	–	–	–	–	264.9	**264.9**
Pathology/Laboratory Services	–	–	–	18.0	–	–	–	–	–	**313.0**
Diagnostic Ultrasound	–	–	–	19.3	–	11.2	–	0.3	142.4	**232.5**
Other Diagnostic and Therapeutic Services	21.7	2.0	1.3	24.4	8.4	460.9	69.8	7.4	58.5	**1,738.5**
Special Services	–	0.3	–	16.7	–	–	–	–	–	**152.8**
Miscellaneous Services[3]	17.9	1.7	2.4	24.4	4.9	11.7	12.9	0.1	0.5	**891.2**
Total Services	**183.2**	**49.4**	**27.6**	**301.9**	**44.6**	**705.1**	**156.9**	**724.7**	**468.6**	**11,152.1**

Table 16

Selected In-Province Medical Procedures – Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2012-13 to 2013-14
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	438,908	160.10	10,528.23	391.00	-2.91
Allergy Investigations and Hyposensitization Injections	212,782	6.39	380.98	189.55	-4.87
Artificial Extra Corporeal Haemodialysis	96,569	1.01	4,327.03	86.03	0.15
Submission of Papanicolau Smear	88,930	147.46 [f]	2,592.44 [f]	158.99 [f]	-6.93
Optical Coherence Tomography	51,985	31.18	2,025.91	46.31	7.12
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	29,894	21.39	1,416.39	26.63	-2.79
Pulmonary Function Studies	28,626	15.90	1,134.05	25.50	2.33
Plantar Wart Excision or Fulguration	28,490	11.39	477.67	25.38	2.31
Colonoscopy	26,963	23.01	4,700.00	24.02	0.01
Psychological Testing	25,806	7.39	940.06	22.99	19.90
Arthrocentesis – Joint Injections Shoulder, Elbow, Knee	22,537	12.83	384.87	20.08	1.18
Upper GI Endoscopy	19,470	14.95	2,376.80	17.34	3.11
Delivery – Vaginal	10,457	18.47 [f]	16,758.14 [f]	18.70 [f]	0.48
– Caesarean	3,196	5.70 [f]	4,969.76 [f]	5.71 [f]	-2.49
Cataract Extraction	13,064	7.48	5,373.55	11.64	1.47
Suturing of Wounds	11,537	9.59	781.88	10.28	-4.31
Cystoscopy	8,927	6.54	805.05	7.95	-4.26
Coronary Angiography	6,134	4.55	1,004.73	5.46	4.92
Cardiac Catheterization	5,905	4.26	742.52	5.26	3.16
Fractures, Open Surgical or Closed Reduction	5,752	4.31	2,564.03	5.12	-5.36
Arthroplasty – Hip or Total Hip Replacement	2,035	1.73	1,564.83	1.81	9.09
– Knee or Total Knee Replacement	3,055	2.41	2,210.94	2.72	16.94
Arthroscopy	4,962	4.17	588.97	4.42	-7.56
Angioplasty	4,823	2.02	1,870.79	4.30	-1.47
Sigmoidoscopy	3,845	2.97	216.53	3.43	5.59
Electroencephalograms or Echoencephalograms	3,514	2.64	83.18	3.13	2.56
Hernia Repair	3,445	2.82	1,355.04	3.07	0.00
Gall Bladder or Other Biliary Tract Surgery	2,660	2.36	1,561.48	2.37	2.54
Vasectomy	2,182	3.87 [m]	1,025.15 [m]	3.87 [m]	9.84
Therapeutic Abortion	1,852	3.25 [f]	571.34 [f]	3.31 [f]	0.93
Electroconvulsive Therapy	1,734	0.18	117.97	1.54	8.44
Tonsillectomy (With or without Adenoidectomy	1,716	1.53	458.24	1.53	23.81
Tubal Ligation	1,623	2.84 [f]	659.82 [f]	2.90 [f]	2.43
Dilatation and Curettage	1,220	2.12 [f]	401.66 [f]	2.18 [f]	-2.51
Septoplasty or Submucous Resection	1,174	1.02	366.00	1.05	23.88
Appendectomy	1,117	0.99	552.56	1.00	2.90
Genital Prolapse Repair	869	1.18 [f]	393.48 [f]	1.55 [f]	2.90
Hysterectomy – Abdominal	532	0.95 [f]	471.82 [f]	0.95 [f]	-4.23
– Vaginal	302	0.54 [f]	273.22 [f]	0.54 [f]	-15.80
Prostatectomy (With or Without Vasectomy)	765	1.35 [m]	1,291.37 [m]	1.36 [m]	-0.20
Varicose Veins (Ligation)	709	0.30	108.58	0.63	-24.70
Coronary By-Pass	593	0.53	1,538.38	0.53	-3.14
Salpingectomy, Oophorectory &/or Ovarian Cystectomy	554	0.97 [f]	430.92 [f]	0.99 [f]	-3.30
Strabismus Operation	229	0.17	80.82	0.20	4.98
Peptic Ulcer Surgery	129	0.10	93.33	0.11	4.48

[f] Rate per 1,000 female beneficiaries
[m] Rate per 1,000 male beneficiaries

Notes: Includes out-of-province services and costs.

Table 17

Selected In-Province Medical Conditions – Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
Diseases Affecting Genitourinary Tract	580 - 599, 788	373	76.7	15,500	332
General Medical Examination - No Specific Diagnosis	V70	359	166.6	14,008	320
Diabetes Mellitus	250	323	54.9	9,471	287
Hypertension	401 - 405	297	114.2	9,037	264
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	294	164.9	9,997	262
Psychoses	295 - 299	245	18.5	9,613	218
Chronic Sinusitis & Other Respiratory Symptoms	473 - 786	222	80.7	10,790	198
Ischaemic Heart Disease	410 - 414	180	28.1	12,199	160
Glaucoma	365	169	20.5	4,465	150
Arthritis	710 - 716	163	50	8,388	145
Rheumatic Disease	725 - 729	149	69.5	6,339	133
Cataract	366	140	16.4	8,344	124
Neuroses	300	131	48.1	4,730	116
Vertebrogenic Pain Syndrome	724	126	47.7	7,450	112
Cardiac Disrhythmias	427	124	23	5,461	111
Otitis Media	381 - 382	116	46.4	4,410	103
Symptomatic Heart Disease	428 - 429	103	19.2	4,493	92
Asthma	493	102	31.8	2,431	91
Eczema	690 - 692	97	46.7	2,792	87
Bronchitis	466, 490 - 491	81	49.6	2,773	72
Pneumonia	480 - 486	65	14.1	2,451	58
Diarrheal Disease	009	64	30.4	2,678	57
Chronic Airways Obstruction	496	63	12.3	2,311	56 [f]
Cellulitis and Abscess	681 - 682	61	23.8	2,221	55
Disorders of Menstruation	Z082 - 626	58	41.4 [f]	4,860 [f]	103
Myxedema	244	58	28.9	1,624	52
Cerebrovascular Disease	430 - 438	57	6.7	2,462	50
Hay Fever	477	53	6.8	456	47
Anaemias	280 - 285	52	16.5	2,243	46
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 - 616	36	30.3 [f]	2,354 [f]	65 [f]
Migraine	346	24	11.5	918	21
Hyperkinetic Syndrome of Childhood (ADHD)	314	22	4.9	959	20
Gastritis and Duodenitis	535	21	12	745	18 [f]
Varicose Veins of Lower Extremity	454	19	4.2	655	16
Menopausal Symptoms	627	18	17.1 [f]	1,219 [f]	33
Disorders of Functions of Stomach	536 - 537	15	9.2	567	14
Alzheimer's Disease and Other Cerebral Degenerations	331	13	1.8	472	12
Influenza	487	13	9.2	404	11
Multiple Sclerosis	340	13	2.1	486	11
Epilepsy	345	13	3.7	510	11
Alcoholic Psychosis and Alcoholism	291 - 303	11	2.9	431	10
Obesity	278	9	4.5	493	8
Ulcers of Duodenum and Stomach	531 - 534	7	3.2	316	6

[1] Ninth Revision International Classification of Diseases, 1977.
[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.
[f] Rate per 1,000 female beneficiaries.

Notes: MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

Table 18

Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2008-09[1]	383		170		227	
		13.1		11.8		20.7
Still Practising in 2009-10[2]	333		150		180	
Practising in 2009-10[1]	372		172		210	
		9.9		9.3		15.7
Still Practising in 2010-11[2]	335		156		177	
Practising in 2010-11[1]	384		176		202	
		8.3		12.5		15.3
Still Practising in 2011-12[2]	352		154		171	
Practising in 2011-12[1]	404		178		194	
		7.2		3.4		17.5
Still Practising in 2012-13[2]	375		172		160	
Practising in 2012-13[1]	427		190		215	
		8.0		12.6		15.3
Still Practising in 2013-14[2]	393		166		182	
Practising in 2013-14[1]	430		201		234	

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2008-09[1]	780		580		1,360	
		15.0		5.9		11.1
Still Practising in 2009-10[2]	663		546		1,209	
Practising in 2009-10[1]	754		600		1,354	
		10.7		7.7		9.4
Still Practising in 2010-11[2]	673		554		1,227	
Practising in 2010-11[1]	761		625		1,386	
		11.0		8.0		9.7
Still Practising in 2011-12[2]	677		575		1,252	
Practising in 2011-12[1]	776		651		1,427	
		8.9		5.8		7.5
Still Practising in 2012-13[2]	707		613		1,320	
Practising in 2012-13[1]	832		703		1,535	
		10.9		9.2		10.2
Still Practising in 2013-14[2]	741		638		1,379	
Practising in 2013-14[1]	865		694		1,559	

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes:

1) The net number of physicians who entered practice in 2013-14 was 180, the difference between "Practising" (1,559) and "Still Practising" (1,379).
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
3) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).
4) The table has been adjusted historically, as Lloydminster is now classified as a Urban Community.

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2012-13	2013-14	2012-13	2013-14	2012-13	2013-14	2012-13	2013-14	2012-13	2013-14
General Practitioner[4]	**812**	**860**	**1.3**	**1.3**	**2.3**	**2.2**	**5.3**	**5.1**	**79.0**	**78.1**
Specialists[4]										
Paediatricians and Medical Geneticists	48	48	22.7	23.4	1.0	1.0	2.0	2.0	3.5	3.5
Internists and Physiatrists	133	134	8.2	8.4	1.6	1.6	3.5	3.6	12.5	12.4
Neurologists	17	16	64.2	70.2	1.6	1.6	2.6	2.9	2.3	2.1
Cardiologists	24	25	45.5	44.9	4.1	4.1	3.6	3.8	5.7	5.7
Psychiatrists	47	51	23.2	22.0	0.4	0.4	1.9	1.9	1.6	1.6
Dermatologists	4	4	272.7	280.6	4.2	4.3	7.6	7.2	1.6	1.5
Anaesthetists	107	108	10.2	10.4	0.9	0.8	1.0	0.9	6.2	6.0
General Surgeons	72	72	15.2	15.6	1.1	1.1	2.1	2.2	5.9	5.9
Cardiac Surgeons	6	6	181.8	187.1	0.7	0.7	1.0	1.0	0.3	0.3
Orthopaedic Surgeons	40	42	27.3	26.7	1.3	1.3	2.7	2.6	4.3	4.3
Plastic and Reconstructive Surgeons	12	11	90.9	102.0	1.4	1.5	2.9	3.0	1.5	1.4
Neurological Surgeons	11	11	99.2	102.0	0.8	0.7	1.5	1.5	0.7	0.7
Obstetricians and Gynaecologists	56	60	19.5	18.7	1.3	1.3	2.8	2.9	4.6	4.7
Urological Surgeons	13	13	83.9	86.3	1.5	1.4	2.3	2.2	1.6	1.4
Ophthalmologists	25	28	43.6	40.1	3.3	3.1	7.5	6.9	7.2	7.0
Otolaryngologists	14	15	77.9	74.8	2.4	2.4	4.0	4.0	3.0	3.0
Pathologists and Diagnostic Radiologists	72	80	15.2	14.0	3.9	3.7	0.2	0.2	18.6	18.5
All Specialists[4]	**701**	**724**	**1.6**	**1.6**	**1.7**	**1.6**	**2.4**	**2.4**	**42.9**	**42.3**
All Physicians[4]	**1,513**	**1,584**	**0.7**	**0.7**	**2.0**	**1.9**	**4.0**	**3.8**	**81.6**	**80.6**
Licensed Physicians[5]	2,044	2,165	0.5	0.5	–	–	–	–	–	–

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20

Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3]							
		Less Than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More Than 3,500
General Practitioners									
Metro Association	330	15	41	50	53	26	31	22	92
Metro Solo	94	22	25	17	13	9	3	1	4
Urban Association	158	3	18	40	35	15	11	6	30
Urban Solo	46	9	6	5	7	5	5	4	5
Rural Association	196	3	20	53	47	43	20	4	6
Rural Solo	36	2	6	7	9	7	3	2	–
All General Practitioners 2013-14	**860**	**54**	**116**	**172**	**164**	**105**	**73**	**39**	**137**
All General Practitioners 2012-13	812	48	105	152	135	101	86	40	145
Specialists									
Paediatricians and Medical Geneticists	48	9	23	11	2	1	–	–	2
Internists and Physiatrists	134	13	40	28	17	10	10	3	13
Neurologists	16	–	5	2	5	2	1	–	1
Cardiologists	25	–	–	1	–	4	2	4	14
Psychiatrists	51	36	12	2	1	–	–	–	–
Dermatologists	4	–	–	–	1	–	–	1	2
Anaesthetists	108	17	61	27	–	2	1	–	–
General Surgeons	72	11	23	21	14	3	–	–	–
Cardiac Surgeons	6	1	5	–	–	–	–	–	–
Orthopaedic Surgeons	42	3	11	15	10	1	–	1	1
Plastic and Reconstructive Surgeons	11	–	3	5	1	1	–	1	–
Neurological Surgeons	11	1	8	2	–	–	–	–	–
Obstetricians and Gynaecologists	60	9	18	12	13	4	4	–	–
Urological Surgeons	13	1	1	7	3	–	1	–	–
Ophthalmologists	28	–	3	–	6	3	1	4	11
Otolaryngologists	15	1	3	2	–	1	4	1	3
Pathologists and Diagnostic Radiologists	80	1	8	12	12	6	7	7	27
All Specialists 2013-14	**724**	**103**	**224**	**147**	**85**	**38**	**31**	**22**	**74**
All Specialists 2012-13	701	111	218	134	76	43	24	19	76
All Physicians 2013-14	**1,584**	**157**	**340**	**319**	**249**	**143**	**104**	**61**	**211**
All Physicians 2012-13	1,513	159	323	286	211	144	110	59	221

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

Notes:

1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21

Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	330	50	83	63	60	34	19	21
Metro Solo	94	45	14	13	9	5	4	4
Urban Association	158	24	49	32	27	11	7	8
Urban Solo	46	18	4	6	6	4	4	4
Rural Association	196	42	74	43	20	7	5	5
Rural Solo	36	3	9	9	7	2	4	2
All General Practitioners 2013-14	**860**	**182**	**233**	**166**	**129**	**63**	**43**	**44**
All General Practitioners 2012-13	812	157	201	147	148	72	40	47
Specialists								
Paediatricians and Medical Geneticists	48	33	11	3	–	1	–	–
Internists and Physiatrists	134	47	45	26	6	2	3	5
Neurologists	16	5	9	1	1	–	–	–
Cardiologists	25	2	17	4	–	1	1	–
Psychiatrists	51	40	5	5	–	–	–	1
Dermatologists	4	–	–	2	1	–	1	–
Anaesthetists	108	105	3	–	–	–	–	–
General Surgeons	72	37	30	5	–	–	–	–
Cardiac Surgeons	6	6	–	–	–	–	–	–
Orthopaedic Surgeons	42	16	23	1	1	1	–	–
Plastic and Reconstructive Surgeons	11	5	3	2	1	–	–	–
Neurological Surgeons	11	10	1	–	–	–	–	–
Obstetricians and Gynaecologists	60	26	20	8	6	–	–	–
Urological Surgeons	13	7	5	1	–	–	–	–
Ophthalmologists	28	2	5	7	4	4	3	3
Otolaryngologists	15	4	3	5	2	1	–	–
Pathologists and Diagnostic Radiologists	80	80	–	–	–	–	–	–
All Specialists 2013-14	**724**	**425**	**180**	**70**	**22**	**10**	**8**	**9**
All Specialists 2012-13	701	401	183	67	22	12	7	9
All Physicians 2013-14	**1,584**	**607**	**413**	**236**	**151**	**73**	**51**	**53**
All Physicians 2012-13	1,513	558	384	214	170	84	47	56

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same physician, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22

Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	330	152	20	6	21	9	55	67	–
Metro Solo	94	27	3	3	9	3	27	22	–
Urban Association	158	34	6	–	9	4	20	85	–
Urban Solo	46	7	–	2	3	–	12	22	–
Rural Association	196	43	11	4	10	1	16	110	1
Rural Solo	36	11	2	1	6	1	1	14	–
All General Practitioners 2013-14	**860**	**274**	**42**	**16**	**58**	**18**	**131**	**320**	**1**
All General Practitioners 2012-13	812	261	29	16	64	19	125	297	1
Specialists									
Paediatricians and Medical Geneticists	48	13	15	2	1	1	9	7	–
Internists and Physiatrists	134	48	24	5	6	10	21	20	–
Neurologists	16	4	4	–	–	–	3	5	–
Cardiologists	25	12	2	1	–	2	4	4	–
Psychiatrists	51	20	5	2	1	1	13	9	–
Dermatologists	4	3	–	–	–	–	–	1	–
Anaesthetists	108	51	19	1	2	2	11	22	–
General Surgeons	72	25	20	–	2	1	10	14	–
Cardiac Surgeons	6	1	4	–	–	1	–	–	–
Orthopaedic Surgeons	42	23	5	–	2	–	3	9	–
Plastic and Reconstructive Surgeons	11	5	2	2	–	–	–	2	–
Neurological Surgeons	11	3	1	–	–	–	3	4	–
Obstetricians and Gynaecologists	60	23	9	3	1	2	6	16	–
Urological Surgeons	13	6	3	–	–	–	–	3	1
Ophthalmologists	28	15	1	1	5	–	3	3	–
Otolaryngologists	15	8	1	–	2	–	–	4	–
Pathologists and Diagnostic Radiologists	80	36	24	–	3	1	8	7	1
All Specialists 2013-14	**724**	**296**	**139**	**17**	**25**	**21**	**94**	**130**	**2**
All Specialists 2012-13	701	286	138	15	29	18	93	120	2
All Physicians 2013-14	**1,584**	**570**	**181**	**33**	**83**	**39**	**225**	**450**	**3**
Per Cent Distribution 2013-14	100%	36%	11%	2%	5%	2%	14%	28%	0%
All Physicians 2012-13	**1,513**	**547**	**167**	**31**	**93**	**37**	**218**	**417**	**3**
Per Cent Distribution 2012-13	100%	36%	11%	2%	6%	2%	14%	28%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
3) Per Cent Distributions will not add to 100 percent due to rounding.

Table 23

Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	330	40	66	96	83	45
Metro Solo	94	4	14	31	23	22
Urban Association	158	43	50	36	19	10
Urban Solo	46	1	12	13	9	11
Rural Association	196	61	57	42	21	15
Rural Solo	36	4	6	11	6	9
All General Practitioners 2013-14	**860**	**153**	**205**	**229**	**161**	**112**
All General Practitioners 2012-13	812	136	191	227	149	109
Specialists						
Paediatricians and Medical Geneticists	48	7	15	12	8	6
Internists and Physiatrists	134	6	44	33	28	23
Neurologists	16	--	8	4	2	2
Cardiologists	25	--	10	10	2	3
Psychiatrists	51	3	19	14	7	8
Dermatologists	4	--	--	1	1	2
Anaesthetists	108	9	39	33	23	4
General Surgeons	72	3	24	22	15	8
Cardiac Surgeons	6	--	1	3	2	--
Orthopaedic Surgeons	42	6	14	11	7	4
Plastic and Reconstructive Surgeons	11	1	6	2	2	--
Neurological Surgeons	11	1	4	1	3	2
Obstetricians and Gynaecologists	60	6	21	15	11	7
Urological Surgeons	13	1	3	4	3	2
Ophthalmologists	28	3	9	5	7	4
Otolaryngologists	15	2	1	5	5	2
Pathologists and Diagnostic Radiologists	80	9	34	15	18	4
All Specialists 2013-14	**724**	**57**	**252**	**190**	**144**	**81**
All Specialists 2012-13	701	53	238	189	146	75
All Physicians 2013-14	**1,584**	**210**	**457**	**419**	**305**	**193**
Per Cent Distribution 2013-14	100%	13%	29%	27%	19%	12%
All Physicians 2012-13	**1,513**	**189**	**429**	**416**	**295**	**184**
Per Cent Distribution 2012-13	100%	12%	28%	28%	20%	12%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
3) Per Cent Distributions will not add to 100 percent due to rounding.

Table 24

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	347.8	1,584	281.4	860	426.7	724
Highest Paid	2,282.5		1,277.6		2,282.5	
Less than $60,000	24.9	257	23.6	173	27.4	84
$60,000 - $74,999	67.9	63	68.0	48	67.6	15
$75,000 - $99,999	88.3	78	88.9	52	87.2	26
$100,000 - $124,999	112.9	105	112.7	66	113.3	39
$125,000 - $149,999	137.7	87	137.8	56	137.6	31
$150,000 - $174,999	162.3	104	162.0	69	163.1	35
$175,000 - $199,999	186.9	87	186.8	47	187.0	40
$200,000 - $249,999	223.0	159	223.5	103	222.3	56
$250,000 - $299,999	273.8	151	274.3	86	273.0	65
$300,000 - $349,999	327.0	144	326.3	82	328.0	62
Over $350,000	592.2	606	500.4	251	657.1	355
Total	**302.7**	**1,841**	**238.2**	**1,033**	**385.2**	**808**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	282.7	424	283.5	204	277.1	232
Highest Paid	1,277.6		1,070.1		970.7	
Less than $60,000	25.2	89	15.8	36	26.7	48
$60,000 - $74,999	68.0	23	68.6	11	67.6	14
$75,000 - $99,999	87.7	20	91.1	20	87.1	12
$100,000 - $124,999	113.6	29	113.1	16	111.3	21
$125,000 - $149,999	138.6	31	135.8	10	137.3	15
$150,000 - $174,999	160.5	32	162.6	18	163.8	19
$175,000 - $199,999	185.5	24	188.3	9	188.1	14
$200,000 - $249,999	224.7	46	223.2	28	221.7	29
$250,000 - $299,999	272.6	45	275.4	16	276.7	25
$300,000 - $349,999	327.7	51	329.0	15	319.1	16
Over $350,000	488.2	123	522.6	61	502.8	67
Total	**238.0**	**513**	**243.4**	**240**	**234.1**	**280**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Pathology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	220.5	48	374.3	134	821.9	25
Highest Paid	817.2		1,285.7		1,947.1	
Less than $60,000	25.0	24	30.8	21	–	–
$60,000 - $74,999	65.5	4	74.6	1	–	–
$75,000 - $99,999	85.1	3	92.0	6	–	–
$100,000 - $124,999	112.7	6	115.3	12	–	–
$125,000 - $149,999	139.8	4	136.6	9	–	–
$150,000 - $174,999	163.5	6	165.2	7	–	–
$175,000 - $199,999	186.6	5	185.6	9	–	–
$200,000 - $249,999	227.7	7	222.2	11	–	–
$250,000 - $299,999	268.1	3	271.0	16	–	–
$300,000 - $349,999	333.6	4	320.5	7	303.9	1
Over $350,000	531.1	6	626.1	56	843.5	24
Total	**155.4**	**72**	**327.7**	**155**	**821.9**	**25**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	354.9	16	267.7	51	440.0	4
Highest Paid	933.5		944.9		750.3	
Less than $60,000	59.0	1	34.4	10	26.7	1
$60,000 - $74,999	–	–	68.7	2	–	–
$75,000 - $99,999	96.6	1	85.4	4	–	–
$100,000 - $124,999	118.1	2	112.1	2	–	–
$125,000 - $149,999	–	–	134.2	6	–	–
$150,000 - $174,999	170.9	1	160.2	7	–	–
$175,000 - $199,999	197.4	1	187.9	4	198.7	1
$200,000 - $249,999	–	–	219.6	7	–	–
$250,000 - $299,999	281.3	1	288.8	1	–	–
$300,000 - $349,999	317.7	3	318.2	4	342.6	1
Over $350,000	534.8	7	512.5	14	609.4	2
Total	**337.5**	**17**	**229.5**	**61**	**357.3**	**5**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	341.5	108	397.6	72	841.3	6
Highest Paid	1,183.4		900.7		1,050.2	
Less than $60,000	18.0	3	41.8	2	–	–
$60,000 - $74,999	67.5	1	67.0	3	–	–
$75,000 - $99,999	80.8	3	86.1	1	–	–
$100,000 - $124,999	114.5	2	115.3	3	–	–
$125,000 - $149,999	138.7	5	146.3	2	–	–
$150,000 - $174,999	162.4	3	161.5	1	–	–
$175,000 - $199,999	186.5	3	191.6	3	–	–
$200,000 - $249,999	224.2	10	216.3	4	–	–
$250,000 - $299,999	269.7	17	270.0	7	–	–
$300,000 - $349,999	330.3	21	333.3	10	–	–
Over $350,000	484.6	43	549.4	38	841.3	6
Total	**332.7**	**111**	**388.0**	**74**	**841.3**	**6**

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	551.5	42	551.3	11	548.6	11
Highest Paid	2,002.2		1,131.7		1,190.3	
Less than $60,000	31.0	2	39.9	3	10.0	2
$60,000 - $74,999	–	–	–	–	–	–
$75,000 - $99,999	75.6	1	–	–	–	–
$100,000 - $124,999	109.4	1	–	–	–	–
$125,000 - $149,999	–	–	–	–	131.0	1
$150,000 - $174,999	–	–	–	–	–	–
$175,000 - $199,999	187.6	3	–	–	–	–
$200,000 - $249,999	211.8	2	–	–	213.0	1
$250,000 - $299,999	286.4	4	284.7	1	291.1	2
$300,000 - $349,999	331.9	1	334.6	1	341.9	1
Over $350,000	683.8	30	605.0	9	794.4	6
Total	**527.8**	**44**	**441.7**	**14**	**465.7**	**13**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Pathology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	410.3	60	455.6	13	1,023.0	28
Highest Paid	1,048.8		1,158.5		2,282.5	
Less than $60,000	18.2	5	55.6	1	17.3	1
$60,000 - $74,999	65.3	1	–	–	–	–
$75,000 - $99,999	83.9	2	–	–	–	–
$100,000 - $124,999	104.7	2	106.1	1	124.6	1
$125,000 - $149,999	135.5	2	–	–	–	–
$150,000 - $174,999	166.2	4	–	–	–	–
$175,000 - $199,999	179.7	3	–	–	–	–
$200,000 - $249,999	218.8	6	221.0	2	246.5	1
$250,000 - $299,999	275.2	2	259.9	1	–	–
$300,000 - $349,999	327.8	5	–	–	–	–
Over $350,000	581.8	33	568.3	9	1088.0	26
Total	**380.1**	**65**	**427.0**	**14**	**988.7**	**29**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	521.1	15	421.6	80
Highest Paid	1,205.2		1,741.5	
Less than $60,000	33.2	1	13.1	7
$60,000 - $74,999	–	–	68.8	3
$75,000 - $99,999	82.4	1	91.8	4
$100,000 - $124,999	124.0	1	108.5	6
$125,000 - $149,999	–	–	141.1	2
$150,000 - $174,999	–	–	160.8	6
$175,000 - $199,999	190.6	1	186.2	7
$200,000 - $249,999	–	–	225.3	5
$250,000 - $299,999	269.6	2	274.7	8
$300,000 - $349,999	–	–	322.2	3
Over $350,000	688.0	10	712.8	36
Total	**490.6**	**16**	**388.7**	**87**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25

Average Payment[2] ($000's) Per Physician by Specialty, 2008-09 to 2013-14

Type of Physician[1]	2008-09	2009-10[3]	2010-11[3]	2011-12	2012-13	2013-14	Average Annual Per Cent Change 2008-09 to 2013-14
General Practitioners							
Metro Association	233.5	245.0	262.9	261.3	274.6	288.3	4.34
Metro Solo	236.7	239.0	247.0	244.9	259.5	262.9	2.15
Urban Association	257.2	263.9	265.3	267.5	280.4	261.8	0.43
Urban Solo	338.0	348.7	376.4	322.1	372.5	358.2	1.70
Rural Association	248.5	251.6	253.2	263.2	264.7	262.6	1.12
Rural Solo	260.7	253.9	285.7	278.4	338.0	355.5	6.79
All General Practitioners	**247.3**	**254.1**	**265.8**	**265.2**	**280.2**	**281.4**	**2.64**
Specialists							
Paediatricians and Medical Geneticists	206.5	223.2	222.4	207.9	207.8	220.5	1.45
Internists and Physiatrists	359.7	360.5	359.9	359.2	362.8	374.3	0.81
Neurologists	303.8	300.3	307.5	334.7	328.7	354.9	3.25
Cardiologists	692.0	801.3	801.1	753.9	810.9	821.9	3.76
Psychiatrists	223.1	212.5	228.6	247.0	277.5	267.7	3.94
Dermatologists	425.3	430.7	468.8	459.9	455.9	440.0	0.77
Anaesthetists	304.5	326.5	306.1	323.0	344.5	341.5	14.48
General Surgeons	395.5	396.2	403.8	379.4	383.1	397.6	0.16
Cardiac Surgeons	722.4	826.3	830.6	849.9	844.7	841.3	3.24
Orthopaedic Surgeons	407.5	448.7	454.4	508.0	552.8	551.5	6.35
Plastic and Reconstructive Surgeons	413.0	443.8	463.6	422.2	489.2	551.3	6.31
Neurological Surgeons	401.0	459.7	367.3	428.0	521.6	548.6	7.62
Obstetricians and Gynaecologists	357.7	381.9	406.8	406.0	408.3	410.3	2.83
Urological Surgeons	400.2	403.3	459.7	420.7	466.1	455.6	2.96
Ophthalmologists	837.7	869.6	970.4	1,002.0	1,102.0	1,023.0	4.29
Otolaryngologists	442.1	464.7	486.4	463.4	494.5	521.1	3.43
Pathologists and Diagnostic Radiologists	500.4	501.9	505.9	480.1	449.8	421.6	-3.32
All Specialists	**390.1**	**405.5**	**409.0**	**410.5**	**423.9**	**426.7**	**1.82**
Spec. less Pathologists & Radiologists	379.7	396.0	399.6	403.5	420.9	427.3	2.40
All Physicians	**308.6**	**320.3**	**330.1**	**331.5**	**346.8**	**347.8**	**2.44**
Phys. less Pathologists & Radiologists	301.2	312.9	322.8	325.0	421.4	427.2	7.75

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

[3] For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Laboratory services provided by Pathologists are now the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.
4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26

Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	165	317.9	80	513.0	81	632.8	67	395.1
Saskatoon[3]	251	260.6	169	302.0	116	522.4	102	364.9
Moose Jaw	30	265.4	6	470.6	10	460.1	4	322.5
Prince Albert	62	300.3	10	412.9	20	403.3	11	443.7
Yorkton	18	318.8	4	219.3	9	446.4	–	–
Swift Current	24	249.3	3	**	6	405.3	3	**
North Battleford	25	319.5	2	**	9	410.8	–	–
Estevan	11	487.4	–	–	–	–	–	–
Weyburn	11	283.2	–	–	–	–	–	–
All Other Locations	263	263.7	4	137.6	7	183.1	1	**
B. By Activity Threshold:								
1. Total Active Physicians[2]	860	281.4	278	368.3	258	526.9	188	375.6
2. Total Licensed Physicians[4]	1,160	–	426	–	290	–	239	–
3. Resident and Active in Two Consecutive Years[2]	737	304.3	251	388.5	238	549.2	171	388.9
4. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	697	320.2	236	410.9	232	560.9	148	424.9
C. By Age Group:[2]								
Under 35	153	224.4	16	189.0	23	381.7	18	310.6
35 - 44	205	256.0	96	344.6	83	576.8	73	300.8
45 - 54	229	310.7	74	367.1	68	522.8	48	362.6
55 - 64	161	302.6	48	447.6	55	603.4	41	544.5
65+	112	315.3	44	400.6	29	364.1	8	415.7

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those we know are retired. Locums are included even though they do not have their own billing number. Educational locums,residents and interns are typically excluded.

** Not shown, to preserve confidentiality.

Note:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
2) Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27

Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage[3]	Total Payments for Emergency Coverage
	Number of Rotations				
	Tier I	Tier II	Payments[2]		
Regional Health Authority					
1 Sun Country	1	5	$538,523	$1,111,921	$1,650,445
2 Five Hills	7	3	$1,503,146	$448,748	$1,951,894
3 Cypress	7	2	$1,429,568	$714,932	$2,144,500
4 Regina Qu'Appelle	31	13	$7,961,615	$858,959	$8,820,574
5 Sunrise	6	2	$1,242,025	$834,085	$2,076,110
6 Saskatoon	43	25	$11,379,477	$1,141,648	$12,521,125
7 Heartland	–	2	$72,349	$1,117,758	$1,190,107
8 Kelsey Trail	–	5	$288,748	$1,107,491	$1,396,239
9 Prince Albert Parkland	8	3	$1,832,468	$233,077	$2,065,545
10 Prairie North	12	7	$2,852,848	$700,018	$3,552,867
11 Mamawetan Churchill River	–	–	–	$198,114	$198,114
12 Keewatin Yatthé	–	–	–	$331,368	$331,368
13 Athabasca	–	–	–	$139,951	$139,951
All Regional Health Authorities	115	67	$29,100,768	$8,938,070	$38,038,838
Other Emergency Coverage					
Medical Health Officers	–	3	$455,500	–	$455,500
Saskatchewan Cancer Agency	2	5	$1,164,706	–	$1,164,706
All Emergency Coverage	**117**	**75**	**$30,720,974**	**$8,938,070**	**$39,659,044**

[1] Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other.
[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.
[3] Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes:

Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28

Medical Remuneration and Alternate Payment Expenditures ($000's)

		Medical Remuneration Payments[1]		Alternate Payments		Non-Fee-For-Service Total Payments	
		2012-13	2013-14	2012-13	2013-14	2012-13	2013-14
Regional Health Authority							
1	Sun Country	$2,344	$2,344	–	–	$2,344	$2,344
2	Five Hills	$6,306	$6,495	$3,543	$3,625	$9,849	$10,120
3	Cypress	$5,639	$5,710	$3,230	$3,230	$8,869	$8,940
4	Regina Qu'Appelle	$60,383	$62,523	$3,352	$3,352	$63,935	$65,875
5	Sunrise	$5,817	$5,867	–	–	$5,817	$5,867
6	Saskatoon	$53,867	$55,485	$13,897	$16,358	$67,888	$71,843
7	Heartland	$754	$754	–	–	$754	$754
8	Kelsey Trail	$1,208	$1,208	–	–	$1,208	$1,208
9	Prince Albert Parkland	$8,093	$8,228	$7,068	$7,917	$15,161	$16,144
10	Prairie North	$9,173	$9,247	$723	$723	$9,896	$9,970
11	Mamawetan Churchill River	$79	$79	–	–	$79	$79
12	Keewatin Yatthé	–	–	–	–	–	–
13	Athabasca	–	–	–	–	–	–
All Regional Health Authorities		$153,663	$157,940	$31,813	$35,204	$185,476	$193,144
	Provincial Projects[2]	–	–	$5,417	$5,390	$5,417	$5,390
All Expenditures		**$153,663**	**$157,940**	**$37,230**	**$40,594**	**$190,893**	**$198,534**

[1] These expenditures for physician services are administered through Regional Health Authorities and funded by the Ministry of Health.
[2] These Alternate Payment arrangements are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded.

Table 29

Insured Population by Age and Sex by Regional Health Authority

Age Groups	Sex	Regional Health Authority of Patient Residence														
		1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Unassigned	Total
Under 1	M	365	310	234	1,809	295	2,284	217	271	620	601	238	152	24	1	**7,420**
	F	346	292	212	1,721	297	2,173	233	248	558	637	228	120	21	0	**7,087**
	T	711	602	446	3,530	593	4,457	449	519	1,179	1,237	466	272	45	1	**14,507**
1 - 4	M	1,491	1,382	999	7,491	1,351	9,183	1,051	1,038	2,491	2,719	1,121	506	117	0	**30,939**
	F	1,472	1,263	963	7,136	1,277	8,647	1,078	1,054	2,241	2,643	1,058	493	112	1	**29,437**
	T	2,963	2,645	1,962	14,627	2,627	17,829	2,130	2,092	4,732	5,362	2,179	999	229	1	**60,376**
5 - 9	M	1,827	1,534	1,318	8,729	1,696	10,365	1,314	1,305	2,971	3,123	1,321	586	162	2	**36,250**
	F	1,822	1,502	1,225	8,270	1,594	10,169	1,236	1,199	2,845	3,131	1,193	545	151	2	**34,882**
	T	3,649	3,035	2,542	16,999	3,290	20,534	2,550	2,505	5,816	6,254	2,514	1,131	313	4	**71,132**
10 - 14	M	1,695	1,528	1,353	8,072	1,624	9,940	1,313	1,324	2,933	2,952	1,153	513	130	1	**34,529**
	F	1,751	1,437	1,272	7,712	1,637	9,320	1,233	1,255	2,727	2,903	1,143	482	133	1	**33,004**
	T	3,447	2,965	2,625	15,783	3,260	19,260	2,546	2,578	5,660	5,855	2,296	995	263	2	**67,533**
15 - 19	M	1,912	1,721	1,443	8,798	1,792	10,711	1,424	1,436	2,974	3,014	1,141	584	125	4	**37,074**
	F	1,828	1,626	1,402	8,311	1,673	10,215	1,393	1,397	2,929	2,966	1,137	530	119	3	**35,525**
	T	3,740	3,346	2,844	17,110	3,465	20,926	2,816	2,833	5,903	5,979	2,278	1,114	244	7	**72,599**
20 - 24	M	2,113	2,006	1,528	10,940	1,911	12,732	1,536	1,431	3,284	3,242	1,198	591	117	5	**42,627**
	F	1,935	1,757	1,446	9,988	1,725	12,238	1,418	1,307	3,033	2,978	1,082	580	121	9	**39,609**
	T	4,048	3,763	2,974	20,928	3,637	24,969	2,953	2,738	6,317	6,220	2,280	1,171	238	14	**82,236**
25 - 29	M	2,262	1,895	1,368	11,871	1,712	14,102	1,514	1,279	2,710	3,211	985	540	127	5	**43,577**
	F	2,032	1,777	1,294	10,654	1,617	13,677	1,378	1,169	2,686	3,187	948	517	125	6	**41,060**
	T	4,294	3,672	2,661	22,525	3,329	27,779	2,892	2,448	5,396	6,398	1,933	1,057	252	11	**84,637**
30 - 34	M	2,218	1,765	1,335	11,048	1,712	13,308	1,296	1,108	2,426	3,069	815	398	89	2	**40,587**
	F	1,969	1,726	1,296	10,363	1,714	12,896	1,221	1,081	2,437	2,939	767	351	105	2	**38,864**
	T	4,186	3,491	2,631	21,411	3,426	26,204	2,517	2,189	4,863	6,008	1,582	749	194	4	**79,451**
35 - 39	M	1,998	1,542	1,252	9,849	1,704	11,824	1,208	1,209	2,264	2,511	702	363	93	2	**36,519**
	F	1,806	1,590	1,278	9,259	1,542	11,229	1,191	1,153	2,338	2,480	731	344	70	2	**35,011**
	T	3,804	3,132	2,530	19,108	3,246	23,053	2,398	2,362	4,603	4,990	1,433	707	163	4	**71,530**
40 - 44	M	1,808	1,491	1,220	9,152	1,636	11,027	1,210	1,179	2,330	2,359	741	381	81	0	**34,616**
	F	1,608	1,485	1,267	8,769	1,611	10,584	1,143	1,099	2,385	2,307	702	395	71	2	**33,426**
	T	3,416	2,976	2,487	17,921	3,247	21,611	2,353	2,278	4,716	4,666	1,443	776	152	2	**68,042**
45 - 49	M	1,947	1,692	1,389	9,491	1,940	11,251	1,375	1,338	2,485	2,409	669	421	76	2	**36,483**
	F	1,775	1,721	1,418	9,330	1,849	10,998	1,351	1,347	2,483	2,392	640	397	69	0	**35,770**
	T	3,721	3,413	2,807	18,821	3,789	22,249	2,726	2,685	4,969	4,802	1,309	818	145	2	**72,253**
50 - 54	M	2,236	2,264	1,863	10,393	2,267	12,233	1,725	1,527	2,782	2,673	642	374	48	0	**41,028**
	F	2,018	2,191	1,792	10,139	2,134	12,065	1,686	1,450	2,891	2,653	603	335	65	0	**40,022**
	T	4,254	4,455	3,655	20,532	4,401	24,298	3,411	2,978	5,673	5,326	1,245	709	113	0	**81,050**
55 - 59	M	2,145	2,213	1,840	9,428	2,284	11,152	1,886	1,557	2,678	2,402	568	283	39	1	**38,475**
	F	1,932	2,155	1,723	9,416	2,124	11,186	1,623	1,453	2,615	2,381	524	214	33	0	**37,378**
	T	4,077	4,368	3,563	18,843	4,408	22,338	3,509	3,010	5,292	4,783	1,092	497	72	1	**75,853**
60 - 64	M	1,625	1,819	1,425	7,338	2,015	8,594	1,442	1,400	2,309	2,022	428	221	29	0	**30,667**
	F	1,491	1,803	1,353	7,422	1,913	8,598	1,318	1,308	2,311	1,832	356	197	27	1	**29,930**
	T	3,117	3,623	2,777	14,760	3,928	17,192	2,760	2,708	4,620	3,854	784	418	56	1	**60,597**
65 - 69	M	1,283	1,455	1,146	5,419	1,552	6,299	1,165	1,144	1,875	1,465	305	163	20	1	**23,291**
	F	1,249	1,411	1,125	5,741	1,647	6,439	1,131	1,165	1,800	1,338	262	128	27	0	**23,463**
	T	2,532	2,866	2,270	11,160	3,199	12,738	2,296	2,310	3,675	2,803	567	291	47	1	**46,754**
70 - 74	M	928	967	851	3,825	1,341	4,505	825	967	1,363	1,096	168	119	23	0	**16,979**
	F	967	1,077	862	4,349	1,405	5,051	820	920	1,349	1,118	161	110	13	0	**18,201**
	T	1,896	2,044	1,713	8,175	2,746	9,556	1,645	1,887	2,712	2,214	329	229	36	0	**35,180**
75 & Over	M	2,043	2,211	1,808	7,068	2,662	8,375	1,751	1,719	2,294	1,777	228	153	26	0	**32,117**
	F	2,745	3,177	2,471	10,834	3,753	13,034	2,399	2,379	3,094	2,352	252	131	14	0	**46,635**
	T	4,788	5,389	4,278	17,903	6,415	21,409	4,150	4,098	5,389	4,130	480	284	40	0	**78,752**
Total all ages	**M**	**29,897**	**27,796**	**22,366**	**140,720**	**29,495**	**167,886**	**22,251**	**21,233**	**40,791**	**40,645**	**12,423**	**6,348**	**1,326**	**26**	**563,178**
	F	**28,747**	**27,990**	**22,395**	**139,415**	**29,512**	**168,519**	**21,851**	**20,985**	**40,722**	**40,238**	**11,787**	**5,869**	**1,276**	**29**	**559,304**
	T	**58,644**	**55,786**	**44,761**	**280,136**	**59,007**	**336,405**	**44,102**	**42,218**	**81,513**	**80,883**	**24,210**	**12,217**	**2,602**	**55**	**1,122,482**

Notes:

1) Population as at June 30, 2013.
2) Band members are placed in the regional health authority as indicated by their mailing address.
3) There are 55 Benificiaries not included. The majority of these benificiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

Table 30

Per Cent of General Practitioner Payments by Regional Health Authority of Patient Residence by Physician Regional Health Authority

		Regional Health Authority of Physician Practice														
		1	2	3	4	5	6	7	8	9	10	11	12	13		
	Regional Health Authority of Patient Residence	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthé	Athabasca	Out of Province	Total
1	Sun Country	77.0	1.7	0.1	16.6	0.3	1.0	0.1	0.1	0.1	0.1	–	–	–	2.9	100.0
2	Five Hills	0.4	84.4	0.8	8.7	0.1	2.5	0.4	0.1	0.1	0.2	0.1	–	–	2.2	100.0
3	Cypress	0.2	1.7	81.4	2.5	0.1	2.4	0.4	0.1	0.1	0.2	–	–	–	11.0	100.0
4	Regina Qu'Appelle	0.4	0.4	0.1	93.4	0.7	1.7	0.1	0.1	0.2	0.1	0.8	–	–	2.0	100.0
5	Sunrise	0.2	0.1	–	6.3	86.1	3.5	0.1	0.4	0.1	0.1	0.1	–	–	2.9	100.0
6	Saskatoon	0.1	0.1	0.1	0.9	0.2	94.6	0.3	0.3	0.9	0.4	–	–	–	2.1	100.0
7	Heartland	0.1	0.4	1.5	0.8	0.2	13.5	71.8	0.1	0.2	4.6	–	–	–	6.9	100.0
8	Kelsey Trail	0.1	0.1	–	1.0	0.5	8.8	0.1	79.6	7.3	0.3	0.1	–	–	2.0	100.0
9	Prince Albert Parkland	0.1	–	–	0.5	0.1	7.3	0.1	1.8	86.2	1.9	0.2	–	–	1.8	100.0
10	Prairie North	–	0.1	–	0.4	0.1	5.6	1.2	0.1	0.6	72.0	–	–	–	19.8	100.0
11	Mamawetan Churchill River	–	0.1	0.1	1.6	0.1	6.9	0.1	0.4	27.0	0.5	45.4	0.1	0.1	17.6	100.0
12	Keewatin Yatthé	–	0.1	–	0.4	–	11.2	0.2	0.1	8.7	31.5	0.6	43.5	–	3.6	100.0
13	Athabasca	0.1	–	0.1	0.6	–	11.3	0.1	–	24.6	0.2	1.9	0.1	59.0	2.1	100.0
	Rural Emergency Coverage	13.1	5.1	8.6	8.0	10.5	12.3	13.3	12.7	1.9	6.0	2.9	4.0	1.7	–	100.0
	All Regional Health Authorities	**4.7**	**4.3**	**3.6**	**23.8**	**5.8**	**29.8**	**3.8**	**3.9**	**8.0**	**6.3**	**1.1**	**0.7**	**0.1**	**4.0**	**100.0**

Notes:

1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between Regional Health Authorities.
3) Band members are placed in the Regional Health Authority as indicated by their mailing address.
4) Payments to physicians by Regional Health Authority have not been adjusted for itinerant services.
5) See "Data Limitations" on page 10.

Table 31

Per Capita Physician Payments and Services by Regional Health Authority of Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	247.1	6.0	79.6	252.0	3.3	35.3	499.1	9.3	81.5
2 Five Hills	216.3	6.2	80.8	330.0	4.6	43.9	546.3	10.9	83.5
3 Cypress	251.7	6.6	77.1	345.1	5.5	38.1	596.8	12.1	80.0
4 Regina Qu'Appelle	217.5	5.9	81.3	350.3	4.8	48.2	567.8	10.6	84.4
5 Sunrise	276.7	7.5	80.5	284.9	4.0	40.8	561.5	11.5	82.7
6 Saskatoon	222.5	6.1	82.9	327.0	5.3	47.9	549.5	11.3	85.1
7 Heartland	284.2	7.2	81.9	307.9	4.8	45.3	592.1	11.9	84.3
8 Kelsey Trail	231.6	6.0	79.8	270.4	3.7	39.0	502.0	9.8	82.4
9 Prince Albert Parkland	262.6	7.2	85.1	305.6	4.7	44.3	568.2	11.8	87.1
10 Prairie North	273.3	6.8	75.6	427.0	8.2	40.2	700.3	15.0	78.0
11 Mamawetan Churchill River	155.7	4.1	64.1	227.1	3.5	33.6	382.8	7.6	69.0
12 Keewatin Yatthé	158.1	3.9	66.4	215.5	3.1	30.3	373.6	6.9	69.1
13 Athabasca	106.8	3.0	62.4	255.6	3.6	39.0	362.4	6.6	68.1
All Regional Health Authorities	**238.9**	**6.2**	**80.1**	**327.0**	**5.0**	**44.4**	**565.8**	**11.2**	**82.6**

Notes:

1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan or Northern Medical Services.
2) This data is not adjusted for any demographic differences between Regional Health Authorities.
3) Band members are placed in the Regional Health Authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
5) See "Data Limitations" on page 10.

Table 32

General Practitioners in Relation to Population, Earnings and Practice Size

	Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]
1	Sun Country	53	37	1,585	$334,271	2,251	5,381
2	Five Hills	51	39	1,430	$275,293	1,931	5,158
3	Cypress	44	36	1,243	$256,650	1,729	4,650
4	Regina Qu'Appelle	396	188	1,490	$317,056	2,494	6,090
5	Sunrise	48	31	1,439	$348,179	2,038	6,215
6	Saskatoon	434	291	1,156	$264,316	2,234	4,736
7	Heartland	33	26	1,696	$378,751	1,808	6,036
8	Kelsey Trail	67	36	1,173	$257,387	1,807	3,965
9	Prince Albert Parkland	95	70	1,164	$290,260	2,780	5,678
10	Prairie North	91	70	1,155	$225,461	1,516	3,538
11	Mamawetan Churchill River	19	14	1,729	$172,808	2,037	3,058
12	Keewatin Yatthé	20	10	1,222	$106,477	1,020	1,596
13	Athabasca	1	2	1,301	$66,843	713	981
All Regional Health Authorities		**1,217**	**860**	**1,305**	**$281,364**	**2,182**	**5,060**

[1] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one Regional Health Authority but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
3) See "Data Limitations" on page 10.

Table 33

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2008-09 Completed Program	2008-09 Remained[3] in Saskatchewan	2009-10 Completed Program	2009-10 Remained[3] in Saskatchewan	2010-11 Completed Program	2010-11 Remained[3] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine - Regina	9	7	13 [4]	4	12 [6]	4
Family Medicine - Saskatoon	11 [7]	6	7 [6]	3	10	9
Family Medicine - Rural	4	4	5	3	5 [4]	4
Family Medicine/Emergency	2	2	6	6	6	2
Family Medicine/Enhanced Skills	–	–	n/a	n/a	–	–
All Family Medicine	**26**	**19**	**31**	**16**	**33**	**19**
Anaesthesia	4	2	5	4	3	2
Cardiology	3	2	1	–	1	1
Diagnostic Radiology	3	2	3	1	2	–
Emergency Medicine	–	–	–	–	–	–
General Surgery	5	–	3	–	3	–
Internal Medicine	4	2	2	2	1	–
Nephrology	–	–	–	–	–	–
Neurology	2	1	1	1	1	–
Neurosurgery	1	–	1	–	1	–
Obstetrics/Gynaecology	3	3	3	–	2	1
Ophthalmology	1	–	1	–	1	–
Orthopaedic Surgery	3	–	3	–	1	–
Paediatrics	–	–	3	–	2	1
Pathology	3	1	2	1	–	–
Physical Medicine & Rehabilitation	–	–	1	1	–	–
Public Health & Preventive Medicine	–	–	–	–	–	–
Psychiatry	2	2	5	1	–	–
Respiratory Medicine	2	1	1	–	–	–
Rheumatology	–	–	1	–	–	–
All Specialists	**36**	**16**	**36**	**11**	**18**	**5**
Total CSF Funded	**62**	**35**	**67**	**27**	**51**	**24**
Externally Funded	**8**	**6**	**5**	**3**	**10**	**7**
Total Physicians	**70**	**41**	**72**	**30**	**61**	**31**
CSF Funded Retention Rates[5]						
Family Medicine		86%		59%		66%
Specialists		44%		31%		28%
All Physicians		**60%**		**43%**		**51%**
CSF Funded and Externally Funded Retention Rates[5]						
All Physicians		**62%**		**44%**		**54%**

[1] The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Four graduates went on to a further residency program.

[8] Five graduates went on to a further residency program.

[9] Net of the number of graduates who have entered further training.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33 (Continued)

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2011-12 Completed Program	2011-12 Remained[3] in Saskatchewan	2012-13 Completed Program	2012-13 Remained[3] in Saskatchewan	CSF Funded Positions in 2013-14	Retention Rate[9] of June 2013 Graduates
Funded by the Clinical Services Fund						
Family Medicine - Regina	11 [5]	6	17 [8]	8	30	67%
Family Medicine - Saskatoon	14 [6]	8	16 [7]	10	31	83%
Family Medicine - Rural	8	5	9 [4]	7	30	78%
Family Medicine/Emergency	9	2	8	4	8	50%
Family Medicine/Enhanced Skills	3	2	5	2	5	40%
All Family Medicine	**45**	**23**	**55**	**31**	**104**	**69%**
Anaesthesia	3	2	4	2	37	50%
Cardiology	2	1	2	1	6	50%
Diagnostic Radiology	3	–	3	1	21	33%
Emergency Medicine	–	–	–	–	8	–
General Surgery	4	–	5	–	29	0%
Internal Medicine	–	–	1	1	78	100%
Nephrology	–	–	–	–	1	–
Neurology	–	–	1	1	10	100%
Neurosurgery	–	–	1	–	6	0%
Obstetrics/Gynaecology	4	1	1	1	33	100%
Ophthalmology	1	–	1	1	5	100%
Orthopaedic Surgery	3	–	3	–	18	0%
Paediatrics	6	2	5	1	23	20%
Pathology	–	–	1	–	9	0%
Physical Medicine & Rehabilitation	1	1	2	1	9	50%
Public Health & Preventive Medicine	–	–	–	–	4	0%
Psychiatry	1	1	3	2	30	67%
Respiratory Medicine	–	–	3	1	4	33%
Rheumatology	–	–	–	–	2	0%
All Specialists	**28**	**8**	**36**	**13**	**333**	**36%**
Total CSF Funded	**73**	**31**	**91**	**44**	**418**	**54%**
Externally Funded	**8**	**6**	**8**	**7**	**19**	**88%**
Total Physicians	**81**	**37**	**99**	**51**	**437**	**57%**
CSF Funded Retention Rates[8]						
Family Medicine		58%		69%		
Specialists		29%		36%		
All Physicians		**46%**		**54%**		
CSF Funded and Externally Funded Retention Rates[8]						
All Physicians		**49%**		**57%**		

[1] The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Four graduates went on to a further residency program.

[8] Five graduates went on to a further residency program.

[9] Net of the number of graduates who have entered further training.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 34

In-Province Optometrists: Selected Indicators

	2012-13	2013-14
Number of Registered[1] Practitioners	163	156
Population Per Registered[1] Practitioner	6,693	7,196
Per Cent of Beneficiaries Treated	10.9%	10.9%
Practising[2] Optometrists:		
Number of Practitioners	152	152
Number by Age Group: Under 35	55	53
35 - 44	36	36
45 - 54	28	29
55 - 64	21	22
65 and over	12	12
Average Number of Patients Per Practitioner	802	812
Average Patient Contacts Per Practitioner	962	971
Average Payment Per Practitioner	$45,101	$48,319
Number by Dollar Range: Less than $10,000	9	8
$10,000 - 19,999	15	13
$20,000 - 39,999	41	50
$40,000 - 59,999	39	31
$60,000 - 79,999	31	36
$80,000 - 99,999	14	10
$100,000 - 119,999	2	4
$120,000 - 139,999	1	–
$140,000 - 159,999	–	–
$160,000 - 179,999	–	–
$180,000 & over	–	–

[1] Optometrists practising in Saskatchewan under MSP coverage at the end of the year.
[2] Optometrists receiving MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.

Appendix

Initiatives and Programs

- **Physician Recruitment Strategy** – Receives annualized funding for the Physician Recruitment Agency of Saskatchewan (saskdocs) and the Saskatchewan International Physician Practice Assessment Program.

- **Specialist Recruitment and Retention Program** – Jointly managed by the Saskatchewan Medical Association, Regional Health Authorities, saskdocs, and the Ministry of Health in a tripartite committee that identifies, develops and administers programs to support the recruitment and retention of specialist physicians. Details on individual programs are available on the SMA website at www.sma.sk.ca.

- **Specialist Emergency Coverage Program** – This program is jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).

- **Committee on Rural and Regional Practice** (CORRP) – Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representations from regional health authorities and saskdocs that identifies, develops and administers programs to support the recruitment and retention of physicians in rural and regional practices. Details on individual programs are available on the SMA website at www.sma.sk.ca.

- **Emergency Room Coverage/Weekend Relief Program** – This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).

- **Support Services** – The Saskatchewan Medical Association operates a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long Service Retention Program, and Parental Leave Program.

- **Other Initiatives:** 1) *Family Physician Comprehensive Care and Metro On-Call Program* – Recognizes family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) *General Practitioner Specialist Program* – Provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) *Quality and Access* – Encourages physicians to participate in the development and adoption of new ways of practicing to improve the quality of services and beneficiary access to services; 4) *Chronic Disease Management – Quality Improvement Program* – Voluntary program to encourage physicians to continually improve their practice by adopting and utilizing the best and most current tools such as electronic medical record software, for providing high quality patient care; 5) *Provincial Physician Locum Pool* – The Ministry of Health provides funding to the Regional Health Authorities to support locum arrangements to assist with emergency and primary health medical services in rural areas; and, 6) *Electronic Medical Record Program* - supports the adoption of Electronic Medical Records in physicians clinics.

Agreements with Professional Associations

- The physician agreement reached in early 2011 between the Ministry of Health and the Saskatchewan Medical Association covered four years, April 1, 2009 to March 31, 2013. It provided general fee increases of 11 per cent, along with a 2 per cent market adjustment over the term. The agreement also included $33 million in other programs that reward physicians choosing to adopt a full-scope of practice, patient focused care, chronic disease management and improved after hours access. Retroactive payments for the 2009-10 and 2010-11 fiscal years were provided in 2011-12.

- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covered the period April 1, 2010 to March 31, 2013. It provided a 2 per cent general fee increase and a 2 per cent market adjustment effective April 1, 2010, a 2 per cent general fee increase and a 1 per cent market adjustment effective April 1, 2011, and a 2 per cent general fee increase effective April 1, 2012.

- The dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a 0 per cent general fee increase in the first year, a 6.1 per cent general fee increase effective April 1, 2009, and a 3 per cent general fee increase effective April 1, 2010. The agreement also provided a total of $100,000 over the term of the agreement for new items and modernization of the Payment Schedule.